



Electronic Filing

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COVER PAGE

1. NAME OF COMMITTEE				2. TYPE OF COMMITTEE			
Lumaj 2026				<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee			
3. TREASURER NAME							
First Michele		MI P	Last Gregorio			Suffix	
4. TREASURER ADDRESS							
Street Address 4 Grove St Unit 23			City Moodus		State CT	Zip Code 06469	
5. ELECTION DATE		6. OFFICE SOUGHT (Complete only if Candidate Committee)				7. DISTRICT NUMBER (if applicable)	
11/03/2026		Secretary of the State					
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)							
First Peter		MI	Last Lumaj			Suffix	
9. TYPE OF REPORT							
January 10 Filing - Original							
10. PERIOD COVERED							
		Beginning Date		Ending Date			
		10/01/2025		thru		12/31/2025	
11. CERTIFICATION							
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.							
Electronic Filing		Michele Gregorio			01/09/2026 5:29:39PM		
SIGNATURE		PRINT NAME OF THE SIGNER			DATE CERTIFIED		
<p>A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty of up to \$25,000, unless a fine of a larger amount is otherwise provided for as a maximum fine in the Connecticut General Statutes.</p>							

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised February 2015

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT	
Lumaj 2026	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	\$26,554.02	
14. Contributions received from Individuals (Section A and B)	\$18,045.00	\$24,650.00
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$21,527.18
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)	\$18,045.00	\$46,177.18
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$44,599.02	\$46,177.18
20. Expenses Paid by Committee (Section N)	\$26,963.81	\$28,541.97
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns)	\$17,635.21	\$17,635.21
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	\$100.00
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	
Lumaj 2026		January 10 Filing - Original	
A. Total Contributions from Small Contributors-Received this Period ONLY		For Nonparticipating Candidates ONLY	
		\$0.00	
B. Itemized Contributions from Individuals			

Last Name Hodaj		First Esuida		MI	Contribution ID # 0052
Residential Street Address 142 Mill St		City Wethersfield		State CT	Zip Code 06109
Principal Occupation Production Team Lead			Name of Employer Cardinal Health - Aero-Med		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>09272025a</u>		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 10/01/2025	
\$250.00					

Last Name Dudzinski		First Cassandra		MI	Contribution ID # 0053
Residential Street Address 65 Peach Tree La		City Bristol		State CT	Zip Code 06010
Principal Occupation homemaker			Name of Employer homemaker		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>09272025a</u>		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 10/01/2025	
\$200.00					

Last Name Gjomarkaj		First Ilir		MI	Contribution ID # 0054
Residential Street Address 785 Wells Rd		City Wethersfield		State CT	Zip Code 06109
Principal Occupation owner			Name of Employer Eaglestone Contractors Group LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <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 # <u>09272025a</u>		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 10/01/2025	
\$200.00					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lumaj 2026	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Vokaj	First Gentian	MI	Contribution ID # 0055
Residential Street Address 49 Knollwood Dr	City Glastonbury	State CT	Zip Code 06033
Principal Occupation Electrician	Name of Employer T&T electric		
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 # <u>09272025a</u>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 10/01/2025	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Koruni	First Elton	MI	Contribution ID # 0056
Residential Street Address 80 Hayes Rd	City Rocky Hill	State CT	Zip Code 06067
Principal Occupation Painter	Name of Employer Eagle construction		
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 # <u>09272025a</u>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 10/01/2025	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Crouch	First Barbara	MI	Contribution ID # 0057
Residential Street Address 3 Noahs Way	City Baltic	State CT	Zip Code 06330
Principal Occupation Accountant	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 # <u>09272025a</u>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 10/01/2025	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Ademi	First Arben	MI	Contribution ID # 0058
Residential Street Address 109 Rutledge	City Wethersfield	State CT	Zip Code 06109
Principal Occupation Clinical Research	Name of Employer Yale University		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>09272025a</u>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 10/01/2025	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
Lumaj 2026	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Heqimaj	First Nikola	MI	Contribution ID # 0059
Residential Street Address 142 Mill St	City Wethersfield	State CT	Zip Code 06109
Principal Occupation Paintig	Name of Employer Mackenzie paintig		
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>09272025a</u>		Date Received 10/01/2025	Aggregate Contributions \$250.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$250.00	

Last Name Josephson	First Matthew	MI	Contribution ID # 0060
Residential Street Address 119 Geddes Ter	City Waterbury	State CT	Zip Code 06708
Principal Occupation Glazier	Name of Employer Massey Plate Glass		
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>09272025a</u>		Date Received 10/01/2025	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Myers	First Grisell	MI	Contribution ID # 0061
Residential Street Address 119 Geddes Ter	City Waterbury	State CT	Zip Code 06708
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>09272025a</u>		Date Received 10/01/2025	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Makubika	First Aime	MI	Contribution ID # 0062
Residential Street Address 333 Lakeside Blvd E	City Waterbury	State CT	Zip Code 06708
Principal Occupation Human services	Name of Employer Ability beyond		
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>09272025a</u>		Date Received 10/01/2025	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lumaj 2026	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Antonucci	First Maria	MI I	Contribution ID # 0063
Residential Street Address 26 Donahue St	City Waterbury	State CT	Zip Code 06706
Principal Occupation House cleaner	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	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>09272025a</u>		Date Received 10/01/2025	Aggregate Contributions \$100.00
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 \$100.00	

Last Name Conrad	First Georgette	MI M	Contribution ID # 0064
Residential Street Address 117 Lakeside Dr	City Andover	State CT	Zip Code 06232
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 10/01/2025	Aggregate Contributions \$25.00
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 \$25.00	

Last Name Marino	First Charles	MI	Contribution ID # 0065
Residential Street Address 57 Mimosa Ct	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Physical Medicine	Name of Employer Advanced Health NY		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 10/01/2025	Aggregate Contributions \$100.00
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 \$100.00	

Last Name Szynkowicz	First Linda	MI	Contribution ID # 0066
Residential Street Address 140 Knox Blvd	City Middletown	State CT	Zip Code 06457
Principal Occupation CEO	Name of Employer Fight Voter Fraud, Inc.		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 10/01/2025	Aggregate Contributions \$100.00
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 \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lumaj 2026	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Schaff	First Bonnie	MI	Contribution ID # 0067
Residential Street Address 333 Burlington Rd	City Harwinton	State CT	Zip Code 06791
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 10/01/2025	Aggregate Contributions \$15.00
		Amount of Contribution \$15.00	

Last Name Liska	First Joan	MI	Contribution ID # 0068
Residential Street Address 467R Kelsey St	City Middletown	State CT	Zip Code 06457
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 10/01/2025	Aggregate Contributions \$20.00
		Amount of Contribution \$20.00	

Last Name Corrigan	First Thomas	MI	Contribution ID # 0069
Residential Street Address 6 Mountain View Rd	City Wallingford	State CT	Zip Code 06492
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 10/01/2025	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Jolley	First Lisa	MI	Contribution ID # 0070
Residential Street Address 54 Redwood Ln	City East Berlin	State CT	Zip Code 06023
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 10/01/2025	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
Lumaj 2026	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Struski	First Ben	MI	Contribution ID # 0071
Residential Street Address 332 Southford Rd	City Southbury	State CT	Zip Code 06488
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 10/01/2025	Aggregate Contributions \$200.00
			Amount of Contribution \$200.00

Last Name Jakaj	First Martin	MI	Contribution ID # 0072
Residential Street Address 119 Pheasant Xing	City Glastonbury	State CT	Zip Code 06033
Principal Occupation Property manager	Name of Employer Gladtonbury crossing		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 10/01/2025	Aggregate Contributions \$200.00
			Amount of Contribution \$200.00

Last Name Dulo	First Arben	MI	Contribution ID # 0073
Residential Street Address 78 Stonewall Ln	City Waterbury	State CT	Zip Code 06705
Principal Occupation Insurance Agent	Name of Employer Dulo 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 10/01/2025	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Miller	First Karen	MI	Contribution ID # 0074
Residential Street Address 287 Main St N	City Bethlehem	State CT	Zip Code 06751
Principal Occupation Sales	Name of Employer Applied Inspirations, 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 10/01/2025	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
Lumaj 2026	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Corrigan	First Robin	MI	Contribution ID # 0075
Residential Street Address 6 Mountain View Rd	City Wallingford	State CT	Zip Code 06492
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 10/01/2025	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Merturi	First John	MI	Contribution ID # 0076
Residential Street Address 270 Catherine Ter	City Fairfield	State CT	Zip Code 06824
Principal Occupation Treasurer	Name of Employer Sompo Intl.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 10/01/2025	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name RICH	First LEONARD	MI F	Contribution ID # 0077
Residential Street Address 103 Spring Glen Dr	City Meriden	State CT	Zip Code 06451
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 10/01/2025	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name beeman	First guy	MI	Contribution ID # 0078
Residential Street Address 87 Country Ln	City Meriden	State CT	Zip Code 06451
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 10/01/2025	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
Lumaj 2026	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Cassetti	First Joseph	MI	Contribution ID # 0079
Residential Street Address 72 Root Ave	City Ansonia	State CT	Zip Code 06401
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 10/01/2025	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Szynkowicz	First Vinny	MI	Contribution ID # 0080
Residential Street Address 140 Knox Blvd .	City Middletown	State CT	Zip Code 06457
Principal Occupation Elevator inspection	Name of Employer State of Connecticut		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 10/01/2025	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Stahl	First Craig	MI	Contribution ID # 0081
Residential Street Address 321 Longmeadow Rd	City Orange	State CT	Zip Code 06477
Principal Occupation Director of Mortgage Lending	Name of Employer General Electric Employees Federal Credit Union		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 10/01/2025	Aggregate Contributions \$10.00
			Amount of Contribution \$10.00

Last Name Stahl	First Craig	MI	Contribution ID # 0082
Residential Street Address 321 Longmeadow Rd	City Orange	State CT	Zip Code 06477
Principal Occupation Director of Mortgage Lending	Name of Employer General Electric Employees Federal Credit Union		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 10/01/2025	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
Lumaj 2026	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Haxhi	First Nik	MI	Contribution ID # 0083
Residential Street Address 765 Farmington Ave	City West Hartford	State CT	Zip Code 06119
Principal Occupation Cooking	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	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 10/01/2025	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 Meyers	First Jim	MI	Contribution ID # 0084
Residential Street Address 25 Lawrence Rd	City Fairfield	State CT	Zip Code 06824
Principal Occupation CFO	Name of Employer Horizon Paper Co		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 10/01/2025	Aggregate Contributions \$50.00
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 \$50.00	

Last Name Beaumont	First Catharine	MI	Contribution ID # 0085
Residential Street Address 103 Harrison Rd	City Wallingford	State CT	Zip Code 06492
Principal Occupation Legal Asst.	Name of Employer Zangari Cohn		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 10/01/2025	Aggregate Contributions \$40.00
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 \$40.00	

Last Name Renner	First Karen	MI	Contribution ID # 0086
Residential Street Address 171 Penfield Hill Rd	City Portland	State CT	Zip Code 06480
Principal Occupation Administrative Assistant	Name of Employer Middlesex United Way		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 10/01/2025	Aggregate Contributions \$10.00
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 \$10.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lumaj 2026	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Barnum	First Marie	MI	Contribution ID # 0087
Residential Street Address 408 Twin Lakes Rd	City Salisbury	State CT	Zip Code 06068
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 10/04/2025	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Hoxha	First Joe	MI	Contribution ID # 0088
Residential Street Address 18 Mills St	City Bristol	State CT	Zip Code 06010
Principal Occupation Legislator	Name of Employer CGA		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 10/05/2025	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Hoxha	First Gary	MI	Contribution ID # 0089
Residential Street Address 173 Peck Ln	City Bristol	State CT	Zip Code 06010
Principal Occupation Electrical Engineer	Name of Employer Whelen Engineering Co.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 10/05/2025	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Hoxha	First Liljana	MI	Contribution ID # 0090
Residential Street Address 45 Central St	City Bristol	State CT	Zip Code 06010
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 10/05/2025	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lumaj 2026	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Koci	First Orion	MI	Contribution ID # 0091
Residential Street Address 14 Maple Tree Ave	City Stamford	State CT	Zip Code 06906
Principal Occupation Owner	Name of Employer 813 Elsmir LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 10/06/2025	Aggregate Contributions \$250.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$250.00	

Last Name Koci	First Valeria	MI	Contribution ID # 0092
Residential Street Address 14 Maple Tree Ave	City Stamford	State CT	Zip Code 06906
Principal Occupation homemaker	Name of Employer homemaker		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 10/06/2025	Aggregate Contributions \$250.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$250.00	

Last Name Millington	First James	MI	Contribution ID # 0093
Residential Street Address 245 Unquowa Rd	City Fairfield	State CT	Zip Code 06824
Principal Occupation Realtor	Name of Employer William Raveis Real Estate		
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 10/08/2025	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Weber	First Brock	MI	Contribution ID # 0094
Residential Street Address 17 Lancewood Ln	City Wolcott	State CT	Zip Code 06716
Principal Occupation Deputy COS	Name of Employer City of NB		
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 10/10/2025	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lumaj 2026	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Braho	First Dani	MI	Contribution ID # 0095
Residential Street Address 109 Haren Dr	City Rocky Hill	State CT	Zip Code 06067
Principal Occupation Owner	Name of Employer Dani Braho		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 10/10/2025
		Aggregate Contributions \$250.00	Amount of Contribution \$250.00

Last Name mujollari	First Bledi	MI	Contribution ID # 0096
Residential Street Address 420 Berbert St	City Milford	State CT	Zip Code 06461
Principal Occupation self-employed	Name of Employer ben Benny		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 10/10/2025
		Aggregate Contributions \$250.00	Amount of Contribution \$250.00

Last Name Haxhi	First Mirela	MI	Contribution ID # 0097
Residential Street Address 105 Stanley Dr	City Glastonbury	State CT	Zip Code 06033
Principal Occupation Accountant	Name of Employer Crumbie Law Group		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 10/10/2025
		Aggregate Contributions \$250.00	Amount of Contribution \$250.00

Last Name Haxhi	First Elis	MI	Contribution ID # 0098
Residential Street Address 30 Norman Dr	City Glastonbury	State CT	Zip Code 06033
Principal Occupation PCA	Name of Employer Hartford Hospital		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 10/10/2025
		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
Lumaj 2026	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Haxhi	First Jony	MI	Contribution ID # 0099
Residential Street Address 30 Norman Dr	City Glastonbury	State CT	Zip Code 06033
Principal Occupation Assistant Manager	Name of Employer Jimmies Pizza		
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 10/10/2025	Aggregate Contributions \$250.00
		Amount of Contribution \$250.00	

Last Name Green	First Sandra	MI	Contribution ID # 0160
Residential Street Address 1697 Main St N	City Woodbury	State CT	Zip Code 06498
Principal Occupation Floral Design	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 10/10/2025	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Charamut	First Edward	MI	Contribution ID # 0100
Residential Street Address 431 Elm St	City Rocky Hill	State CT	Zip Code 06067
Principal Occupation Paraprofessional	Name of Employer Rocky Hill BOE		
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 10/15/2025	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Carney	First Devin	MI	Contribution ID # 0101
Residential Street Address 45 Sherwood Ter	City Old Saybrook	State CT	Zip Code 06475
Principal Occupation Legislator	Name of Employer State of CT		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 10/16/2025	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
Lumaj 2026	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Fuimara	First Vincent	MI	Contribution ID # 0102
Residential Street Address 55 Normandy Rd	City Trumbull	State CT	Zip Code 06611
Principal Occupation General contractor	Name of Employer Med industries		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 10/21/2025	Aggregate Contributions \$200.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$200.00	

Last Name Cianelli	First Peter	MI	Contribution ID # 0103
Residential Street Address 284 Short Beach Rd	City East Haven	State CT	Zip Code 06512
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>10232025a</u>		Date Received 10/23/2025	Aggregate Contributions \$200.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$200.00	

Last Name Padula	First Jerry	MI	Contribution ID # 0104
Residential Street Address 151 Francis St	City Waterbury	State CT	Zip Code 06708
Principal Occupation Lawyer	Name of Employer State of Connecticut		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>10232025a</u>		Date Received 10/23/2025	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Dedvukaj	First Ilir	MI	Contribution ID # 0105
Residential Street Address 1 Granite Dr	City Brookfield	State CT	Zip Code 06804
Principal Occupation Real estate agent	Name of Employer Lakeshore Realty		
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>10232025a</u>		Date Received 10/23/2025	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lumaj 2026	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Zacca	First Roula	MI	Contribution ID # 0106
Residential Street Address 996 Meriden Waterbury Tpke	City Plantsville	State CT	Zip Code 06479
Principal Occupation unemployed	Name of Employer unemployed		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>10232025a</u>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 10/23/2025	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Perzhilla	First Gezim	MI	Contribution ID # 0107
Residential Street Address 12 Borghesi Ct	City Wolcott	State CT	Zip Code 06716
Principal Occupation Chef	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	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>10232025a</u>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 10/23/2025	Aggregate Contributions \$250.00
			Amount of Contribution \$250.00

Last Name Hoxha	First Tatjana	MI	Contribution ID # 0161
Residential Street Address 437 Frost Rd	City Waterbury	State CT	Zip Code 06770
Principal Occupation Business Owner	Name of Employer Ana Coffee 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>10232025a</u>	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 10/23/2025	Aggregate Contributions \$30.00
			Amount of Contribution \$30.00

Last Name Alickolli	First Shkagim	MI	Contribution ID # 0162
Residential Street Address 100 Idlewood Rd	City Wolcott	State CT	Zip Code 06716
Principal Occupation Construction	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	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>10232025a</u>	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 10/23/2025	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
Lumaj 2026	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Laurasi	First Lorano	MI	Contribution ID # 0163
Residential Street Address 229 Bella Vista Dr	City Watertown	State CT	Zip Code 06795
Principal Occupation Shipping Dept	Name of Employer H-T Waterbury		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>10232025a</u>		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 10/23/2025
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Gallagher	First Anthony	MI	Contribution ID # 0164
Residential Street Address 233 Mireydom Rd	City Middlebury	State CT	Zip Code 06762
Principal Occupation Principal/Owner	Name of Employer Internation Building Supply		
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>10232025a</u>		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 10/23/2025
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Lika	First Aurel	MI	Contribution ID # 0165
Residential Street Address 300 Schraffts Dr	City Waterbury	State CT	Zip Code 06705
Principal Occupation Chairman/Sales Manager	Name of Employer Internation Building Supply		
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>10232025a</u>		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 10/23/2025
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Sanchez	First Hermin	MI	Contribution ID # 0166
Residential Street Address 88 Moonlight Cir	City Naugatuck	State CT	Zip Code 06770
Principal Occupation President	Name of Employer Skyeye Technologies		
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>10232025a</u>		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 10/23/2025
		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
Lumaj 2026	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Rubano	First Martina	MI	Contribution ID # 0167
Residential Street Address 215 Parklawn Dr	City Waterbury	State CT	Zip Code 06708
Principal Occupation Office	Name of Employer Hartford Health Care		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>10232025a</u>		Date Received 10/23/2025	Aggregate Contributions \$100.00
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 \$100.00	

Last Name Black	First Elizabeth	MI	Contribution ID # 0168
Residential Street Address 77 Central St	City Bristol	State CT	Zip Code 06010
Principal Occupation Manager	Name of Employer Hartford Health Care		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>10232025a</u>		Date Received 10/23/2025	Aggregate Contributions \$100.00
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 \$100.00	

Last Name Hasani	First Mariglen	MI	Contribution ID # 0169
Residential Street Address 85 Phyllis Ave	City Waterbury	State CT	Zip Code 06708
Principal Occupation Sales	Name of Employer Dairy Mart		
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 # <u>10232025a</u>		Date Received 10/23/2025	Aggregate Contributions \$100.00
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 \$100.00	

Last Name Bastista	First Lucas	MI	Contribution ID # 0170
Residential Street Address 54 Rosario St	City Waterbury	State CT	Zip Code 06708
Principal Occupation LSI	Name of Employer Ability Beyond		
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 # <u>10232025a</u>		Date Received 10/23/2025	Aggregate Contributions \$100.00
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 \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lumaj 2026	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Ismaili	First Agin	MI	Contribution ID # 0171
Residential Street Address 54 Winthrop Woods Rd	City Shelton	State CT	Zip Code 06484
Principal Occupation Owner	Name of Employer Pier 1-31		
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 # <u>10232025a</u>	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 10/23/2025	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Zhuta	First Blerim	MI	Contribution ID # 0172
Residential Street Address 6 Winterbrook Rd	City Wolcott	State CT	Zip Code 06716
Principal Occupation Barber	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	
Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>10232025a</u>	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 10/23/2025	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Celiku	First Elbatik	MI	Contribution ID # 0173
Residential Street Address 64 Wislok St	City Waterbury	State CT	Zip Code 06705
Principal Occupation Plumbing	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	
Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>10232025a</u>	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 10/23/2025	Aggregate Contributions \$250.00
			Amount of Contribution \$250.00

Last Name Agolli	First Olgerti	MI	Contribution ID # 0174
Residential Street Address 49 Slade St	City Oakville	State CT	Zip Code 06779
Principal Occupation Construction	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	
Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>10232025a</u>	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 10/23/2025	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
Lumaj 2026	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Lleshaj	First Edlira	MI	Contribution ID # 0175
Residential Street Address 30 Russell St Fl 3	City Ansonia	State CT	Zip Code 06401
Principal Occupation Waitress	Name of Employer Valley Diner		
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>10232025a</u>		Date Received 10/23/2025	Aggregate Contributions \$150.00
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 \$150.00	

Last Name Labbe	First Mark	MI	Contribution ID # 0108
Residential Street Address 43 Breakneck Hill Rd	City Dayville	State CT	Zip Code 06241
Principal Occupation Mechanical Engineer	Name of Employer IPG Photonics		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 11/02/2025	Aggregate Contributions \$25.00
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 \$25.00	

Last Name Vuktilaj	First Gjergj	MI	Contribution ID # 0109
Residential Street Address 14 Ledge Rd	City Darien	State CT	Zip Code 06820
Principal Occupation Management	Name of Employer Westfair Properties		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 11/06/2025	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 zhuta	First shpendim	MI	Contribution ID # 0110
Residential Street Address 92 Peacedale St	City Bristol	State CT	Zip Code 06010
Principal Occupation Barber	Name of Employer Razers Edge		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 11/09/2025	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	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lumaj 2026	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Zhuta	First Ardita	MI	Contribution ID # 0111
Residential Street Address 92 Peacedale St	City Bristol	State CT	Zip Code 06010
Principal Occupation Teacher	Name of Employer Bristol Public Schools		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 11/09/2025	Aggregate Contributions \$250.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$250.00	

Last Name Zhuta	First Arben	MI	Contribution ID # 0112
Residential Street Address 92 Peacedale St	City Bristol	State CT	Zip Code 06010
Principal Occupation Auditor	Name of Employer KPMG		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 11/09/2025	Aggregate Contributions \$250.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$250.00	

Last Name Zhuta	First Jeton	MI	Contribution ID # 0113
Residential Street Address 92 Peacedale St	City Bristol	State CT	Zip Code 06010
Principal Occupation Network Specialist 1	Name of Employer City Of Waterbury		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 11/09/2025	Aggregate Contributions \$250.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$250.00	

Last Name zhuta	First Femie	MI	Contribution ID # 0114
Residential Street Address 92 Peacedale St	City Bristol	State CT	Zip Code 06010
Principal Occupation Barber	Name of Employer Razers Edge		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 11/09/2025	Aggregate Contributions \$250.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$250.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lumaj 2026	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Muca	First Nedion	MI	Contribution ID # 0115
Residential Street Address 1000 Bunker Hill Rd	City Watertown	State CT	Zip Code 06795
Principal Occupation Business owner	Name of Employer Nedion Muca		
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 # <u>10232025a</u>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/10/2025	Aggregate Contributions \$250.00
		Amount of Contribution \$250.00	

Last Name Aliaj	First Leonard	MI	Contribution ID # 0116
Residential Street Address 5085 Main St	City Trumbull	State CT	Zip Code 06611
Principal Occupation Chef	Name of Employer Johnnys pizza		
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 # <u>10232025a</u>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/11/2025	Aggregate Contributions \$250.00
		Amount of Contribution \$250.00	

Last Name Hoxha	First Lori	MI	Contribution ID # 0117
Residential Street Address 330 Minortown Rd	City Woodbury	State CT	Zip Code 06798
Principal Occupation Manager	Name of Employer Ryans Masonry LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/25/2025	Aggregate Contributions \$250.00
		Amount of Contribution \$250.00	

Last Name Ndoca	First Angjelin	MI	Contribution ID # 0118
Residential Street Address 72 Farmington Arms	City New London	State CT	Zip Code 06320
Principal Occupation Owner	Name of Employer Angelo Building and Remodelling LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/01/2025	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
Lumaj 2026	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Lasku	First Vitor	MI	Contribution ID # 0119
Residential Street Address 55 Tunxis Hill Cutoff	City Fairfield	State CT	Zip Code 06825
Principal Occupation Partner	Name of Employer s&v construction llc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/01/2025	Aggregate Contributions \$250.00
		Amount of Contribution \$250.00	

Last Name Husaj	First Sonila	MI	Contribution ID # 0120
Residential Street Address 55 Tunxis Hill Cutoff	City Fairfield	State CT	Zip Code 06825
Principal Occupation Operations lead	Name of Employer Chase 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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/02/2025	Aggregate Contributions \$250.00
		Amount of Contribution \$250.00	

Last Name Dyro	First Donal	MI	Contribution ID # 0121
Residential Street Address 8400 49th St N	City Pinellas Park	State FL	Zip Code 33781
Principal Occupation Server	Name of Employer Krisitinas Cafe		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/05/2025	Aggregate Contributions \$250.00
		Amount of Contribution \$250.00	

Last Name Gjegja	First Paulin	MI	Contribution ID # 0122
Residential Street Address 38 Elm St	City Seymour	State CT	Zip Code 06483
Principal Occupation Manger	Name of Employer Paulo Masonry LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/06/2025	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
Lumaj 2026	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Sulo	First Vojsava	MI	Contribution ID # 0123
Residential Street Address 565 N Pontiac Trl	City Walled Lake	State MI	Zip Code 48390
Principal Occupation unemployed	Name of Employer unemployed		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/07/2025	Aggregate Contributions \$200.00
			Amount of Contribution \$200.00

Last Name Mema	First Manjola	MI	Contribution ID # 0124
Residential Street Address 565 N Pontiac Trl	City Walled Lake	State MI	Zip Code 48390
Principal Occupation Sofra	Name of Employer Sofra		
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 \$200.00
			Amount of Contribution \$200.00

Last Name Krasniqi	First Blerim	MI	Contribution ID # 0125
Residential Street Address 1278 Highview Ter	City Cheshire	State CT	Zip Code 06410
Principal Occupation unemployed	Name of Employer unemployed		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/10/2025	Aggregate Contributions \$250.00
			Amount of Contribution \$250.00

Last Name Imeri	First Bekim	MI	Contribution ID # 0126
Residential Street Address 33 Rogers St	City Branford	State CT	Zip Code 06405
Principal Occupation Server	Name of Employer Caffe Fiore Restaurant		
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 12/10/2025	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
Lumaj 2026	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Curanovic	First Tom	MI	Contribution ID # 0127
Residential Street Address 4 W Farms Ln	City New Fairfield	State CT	Zip Code 06812
Principal Occupation Engineer	Name of Employer SUNY Wcc		
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 \$250.00
		Amount of Contribution \$250.00	

Last Name Curanovic	First Veronika	MI	Contribution ID # 0128
Residential Street Address 4 W Farms Ln	City New Fairfield	State CT	Zip Code 06812
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 12/15/2025	Aggregate Contributions \$250.00
		Amount of Contribution \$250.00	

Last Name Curanovic	First Jak	MI	Contribution ID # 0129
Residential Street Address 4 W Farms Ln	City New Fairfield	State CT	Zip Code 06812
Principal Occupation Special Education Administrator	Name of Employer Clarkstown Central Schools		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/15/2025	Aggregate Contributions \$250.00
		Amount of Contribution \$250.00	

Last Name Kelsey	First J David	MI	Contribution ID # 0130
Residential Street Address 74 Sill Ln	City Old Lyme	State CT	Zip Code 06371
Principal Occupation Investment Manager	Name of Employer Hamilton Point Investments		
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 \$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
Lumaj 2026	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Renner	First Karen	MI	Contribution ID # 0131
Residential Street Address 171 Penfield Hill Rd	City Portland	State CT	Zip Code 06480
Principal Occupation Administrative Assistant	Name of Employer Middlesex United Way		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/15/2025	Aggregate Contributions \$10.00
		Amount of Contribution \$10.00	

Last Name Leach	First Robert	MI	Contribution ID # 0132
Residential Street Address 39 Church St	City Broad Brook	State CT	Zip Code 06016
Principal Occupation Programmer	Name of Employer Atlas Metal Works LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/15/2025	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Gashaj	First Elisa	MI	Contribution ID # 0133
Residential Street Address 880 Pacific St	City Stamford	State CT	Zip Code 06902
Principal Occupation Tax Manager	Name of Employer Gridiron Capital		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/16/2025	Aggregate Contributions \$250.00
		Amount of Contribution \$250.00	

Last Name Eaton	First Nancy	MI	Contribution ID # 0134
Residential Street Address 62 Williams Glen Way	City Glastonbury	State CT	Zip Code 06033
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/17/2025	Aggregate Contributions \$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
Lumaj 2026	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Abedinaj	First Krenar	MI	Contribution ID # 0135
Residential Street Address 10 Tame Buck Rd	City Wolcott	State CT	Zip Code 06716
Principal Occupation Sales lead	Name of Employer Ryanâ€™s Masonry llc		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 12/19/2025	Aggregate Contributions \$250.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$250.00	

Last Name Mahmutaj	First Elson	MI	Contribution ID # 0136
Residential Street Address 41 Bayview Cir	City Wolcott	State CT	Zip Code 06716
Principal Occupation Pizza maker	Name of Employer Lakewood pizza		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 12/19/2025	Aggregate Contributions \$250.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$250.00	

Last Name Elezi	First Elvis	MI	Contribution ID # 0137
Residential Street Address 72 Catherine Dr	City Wolcott	State CT	Zip Code 06716
Principal Occupation Owner	Name of Employer Elvis Masonry llc		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 12/19/2025	Aggregate Contributions \$250.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$250.00	

Last Name Abedinaj	First Klevis	MI	Contribution ID # 0138
Residential Street Address 66 Forestview Dr	City Wolcott	State CT	Zip Code 06716
Principal Occupation unemployed	Name of Employer unemployed		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 12/19/2025	Aggregate Contributions \$250.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$250.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lumaj 2026	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Bana	First Emanuela	MI	Contribution ID # 0139
Residential Street Address 66 Forestview Dr	City Wolcott	State CT	Zip Code 06716
Principal Occupation Manufacturing	Name of Employer Macy's inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/19/2025
		Aggregate Contributions \$250.00	Amount of Contribution \$250.00

Last Name Abedinaj	First Skender	MI	Contribution ID # 0140
Residential Street Address 66 Forestview Dr	City Wolcott	State CT	Zip Code 06716
Principal Occupation Masonry labor	Name of Employer Mancini Pool Decks inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/19/2025
		Aggregate Contributions \$250.00	Amount of Contribution \$250.00

Last Name Kumrija	First Besnik	MI	Contribution ID # 0141
Residential Street Address 43 Rosewood Ave	City Waterbury	State CT	Zip Code 06706
Principal Occupation Owner	Name of Employer BB MASONRY		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/21/2025
		Aggregate Contributions \$250.00	Amount of Contribution \$250.00

Last Name Abedinaj	First Algert	MI	Contribution ID # 0142
Residential Street Address 2159 Waterbury Rd	City Cheshire	State CT	Zip Code 06410
Principal Occupation unemployed	Name of Employer unemployed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/21/2025
		Aggregate Contributions \$250.00	Amount of Contribution \$250.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lumaj 2026	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name DeMarco	First Rose	MI	Contribution ID # 0143
Residential Street Address 20 Sunset Hill Rd	City Brookfield	State CT	Zip Code 06804
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 12/23/2025	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Biba	First Ardian	MI	Contribution ID # 0144
Residential Street Address 51 Whitfield St	City Guilford	State CT	Zip Code 06437
Principal Occupation Carpenter	Name of Employer Simmons Quality Improvement		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/24/2025	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Karaci	First Eduart	MI	Contribution ID # 0145
Residential Street Address 13 Summit St	City Derby	State CT	Zip Code 06418
Principal Occupation Driver	Name of Employer Team.inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/24/2025	Aggregate Contributions \$250.00
		Amount of Contribution \$250.00	

Last Name Karaci	First Denisa	MI	Contribution ID # 0146
Residential Street Address 13 Summit	City Derby	State CT	Zip Code 06418
Principal Occupation Sociologist	Name of Employer Team Inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/24/2025	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
Lumaj 2026	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Vokrri	First Martha	MI	Contribution ID # 0147
Residential Street Address 13 Summit St	City Derby	State CT	Zip Code 06418
Principal Occupation Patient safety monitor	Name of Employer Griffin hospital		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/24/2025	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Hysenllari	First Persida	MI	Contribution ID # 0148
Residential Street Address 10 Tame Buck Rd	City Wolcott	State CT	Zip Code 06716
Principal Occupation Assembler	Name of Employer Macy's		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/24/2025	Aggregate Contributions \$250.00
		Amount of Contribution \$250.00	

Last Name Krasniqi	First Muhamet	MI	Contribution ID # 0149
Residential Street Address 1278 Highwe Ter	City Cheshire	State CT	Zip Code 06410
Principal Occupation Driver	Name of Employer Uber		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/25/2025	Aggregate Contributions \$250.00
		Amount of Contribution \$250.00	

Last Name Dokollari	First Irjat	MI	Contribution ID # 0150
Residential Street Address 27 Framingham Dr	City Waterbury	State CT	Zip Code 06705
Principal Occupation Runers	Name of Employer Macyes		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/25/2025	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
Lumaj 2026	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Margeson	First Justin	MI	Contribution ID # 0151
Residential Street Address 21 Eastern Pkwy	City Milford	State CT	Zip Code 06460
Principal Occupation Assistant Registrar of Voters	Name of Employer City of Milford		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of 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 \$5.00
		Amount of Contribution \$5.00	

Last Name Schaff	First Bonnie	MI	Contribution ID # 0152
Residential Street Address 333 Burlington Rd	City Harwinton	State CT	Zip Code 06791
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/30/2025	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Ferguson	First Ann	MI L	Contribution ID # 0153
Residential Street Address 50 Ledgewood Rd	City West Hartford	State CT	Zip Code 06107
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/30/2025	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Miller	First Peter	MI	Contribution ID # 0154
Residential Street Address 287 Main St N	City Bethlehem	State CT	Zip Code 06751
Principal Occupation New Product Development	Name of Employer Applied Inspirations, LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/31/2025	Aggregate Contributions \$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
Lumaj 2026	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Albanesius	First Glenn	MI	Contribution ID # 0155
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? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 12/31/2025	Aggregate Contributions \$20.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$20.00	

Last Name MacGuffie	First Robert	MI	Contribution ID # 0156
Residential Street Address 144 Mayweed Rd .	City Fairfield	State CT	Zip Code 06824
Principal Occupation insurance agent	Name of Employer Evergreen Insurance		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 12/31/2025	Aggregate Contributions \$50.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$50.00	

Last Name Hull	First Susan	MI	Contribution ID # 0157
Residential Street Address 234 Ross Hill Rd	City Lisbon	State CT	Zip Code 06351
Principal Occupation travel agent	Name of Employer HMS Consulting		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 12/31/2025	Aggregate Contributions \$25.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$25.00	

Last Name Turner	First Mary Ann	MI	Contribution ID # 0158
Residential Street Address 7 Meadow Rd	City Enfield	State CT	Zip Code 06082
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 12/31/2025	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lumaj 2026	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Thornell	First Jennifer	MI	Contribution ID # 0159
Residential Street Address 59 Kidds Way	City Stonington	State CT	Zip Code 06378
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/31/2025	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Total of Section B			\$18,045.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Total on Line 14, Column A of Summary Page)			\$18,045.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lumaj 2026	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? Yes No		Amount of Contribution
City	State	Zip Code	Date Received
			Aggregate Contributions

Total of Section C1		
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I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Lumaj 2026				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	
Lumaj 2026				January 10 Filing - Original	
D. Loans Received this Period					
Name of Lender		Source of Loan:			Date of Receipt
		Bank	Candidate	Individual	Other
Street Address		City	State	Zip Code	Is there a cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)					
Street Address		City	State	Zip Code	Amount Received
Total of Section D					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Lumaj 2026	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
Lumaj 2026	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
Lumaj 2026	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	
Lumaj 2026				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	
Lumaj 2026				January 10 Filing - Original	
J1. Event Information					
Event #	Date of Event	Letter	Description	Was this a fundraising event?	
	10/23/2025	a	Dinner Event	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Location: Street Address			City	State	Zip Code
195 Water St			Naugatuck	CT	06770
Was this event hosted at a personal residence?			<input type="checkbox"/> 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.	
			<input checked="" type="checkbox"/> 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?			<input type="checkbox"/> Yes	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.	
			<input checked="" type="checkbox"/> No		
Subpart 1:			<input type="checkbox"/> Yes	(If yes, enter Total Receipts here.)	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?			<input checked="" type="checkbox"/> No	\$0.00	
Total of Section J1					\$0.00

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lumaj 2026	January 10 Filing - Original

J3. In-Kind Donations Not Considered Contributions

Name of the Donor

Street Address	City	State	Zip Code
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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
Lumaj 2026	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
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Street Address	City	State	Zip Code
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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
Lumaj 2026	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:	Fair Market Value of this Contribution
Type of Contributor:		Date Received	Aggregate contributions
Individual Committee Sole Proprietorship			
		Executive	Legislative

Total of Section K

III. Non Monetary Receipts (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lumaj 2026	January 10 Filing - Original

L. Refundable Deposit to Telephone Company

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

Total of Section L

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lumaj 2026	January 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Michele Gregorio		Date of Payment 10/01/2025	Method of Payment <input checked="" type="checkbox"/> Check # <u>103</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 4 Grove St Unit 23		City Moodus	State CT	Zip Code 06469
Purpose of Expend CNSLT	Description Monthly Treasurer & Consulting Fee (Sept)			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$2,127.00

Name of Payee Michele Gregorio		Date of Payment 10/01/2025	Method of Payment <input checked="" type="checkbox"/> Check # <u>104</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 4 Grove St Unit 23		City Moodus	State CT	Zip Code 06469
Purpose of Expend TRVL	Description Mileage Reimb - Sept			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$221.34

Name of Payee William Evans, Jr		Date of Payment 10/01/2025	Method of Payment <input checked="" type="checkbox"/> Check # <u>105</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 325 Celia Dr		City Wolcott	State CT	Zip Code 06705
Purpose of Expend CNSLT	Description Monthly Consulting - Sept			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$4,254.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lumaj 2026	January 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee William Evans, Jr		Date of Payment 10/01/2025	Method of Payment <input checked="" type="checkbox"/> Check # <u>106</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 325 Celia Dr		City Wolcott	State CT	Zip Code 06705
Purpose of Expend TRVL	Description Mileage Reimb - Sept			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$205.80

Name of Payee The Peres Group		Date of Payment 10/01/2025	Method of Payment <input checked="" type="checkbox"/> Check # <u>107</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 230 Hilton Ave Ste 19		City Hempstead	State NY	Zip Code 11550
Purpose of Expend WEB	Description Monthly Maintenance - Sept			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$341.00

Name of Payee Cutting Edge Signs & Graphics LLC		Date of Payment 10/01/2025	Method of Payment <input checked="" type="checkbox"/> Check # <u>108</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 21 A Gramar Ave		City Prospect	State CT	Zip Code 06712
Purpose of Expend A-SIGN	Description Campaign Signs			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$127.62

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lumaj 2026	January 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Thea Alfes		Date of Payment 10/01/2025	Method of Payment <input checked="" type="checkbox"/> Check # <u>109</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 302 South Rd		City Harwinton	State CT	Zip Code 06791
Purpose of Expend CNSLT	Description Monthly Asst Treasurer & Consulting (Sept)			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$531.75

Name of Payee Google Payment Corp.		Date of Payment 10/01/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1600 Amphitheatre Pkwy		City Mountain View	State CA	Zip Code 94043
Purpose of Expend Misc *	Description Monthly E-mail Fee			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$29.78

Name of Payee Mailchimp		Date of Payment 10/06/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 405 N Angier Ave NE		City Atlanta	State GA	Zip Code 30312
Purpose of Expend Misc *	Description Monthly Charge for Electronic E-mails Sent			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$136.35

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lumaj 2026	January 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Thea Alfes		Date of Payment 10/07/2025	Method of Payment <input checked="" type="checkbox"/> Check # <u>110</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 302 South Rd		City Harwinton	State CT	Zip Code 06791
Purpose of Expend TRVL	Description Mileage Reimb (Sept)			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$155.40

Name of Payee Thea Alfes		Date of Payment 10/07/2025	Method of Payment <input checked="" type="checkbox"/> Check # <u>111</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 302 South Rd		City Harwinton	State CT	Zip Code 06791
Purpose of Expend RMB	Description Reimb misc office and campaign expenses			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$38.29

Name of Payee The Station Restaurant		Date of Payment 10/23/2025	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 195 Water St		City Naugatuck	State CT	Zip Code 06770
Purpose of Expend FOOD	Description Beverages for Fundraiser on Oct 23			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				10232025a
				\$161.03

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lumaj 2026	January 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee The Station Restaurant		Date of Payment 10/23/2025	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 195 Water St		City Naugatuck	State CT	Zip Code 06770
Purpose of Expend FOOD	Description Food for fundrasier on Oct 23			Amount \$519.40
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event # 10232025a	
Name of Payee Staples (Old Saybrook)		Date of Payment 10/26/2025	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1000 Boston Post Rd		City Old Saybrook	State CT	Zip Code 06475
Purpose of Expend OFFICE	Description Office Ink and Paper			Amount \$187.15
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
Name of Payee Michele Gregorio		Date of Payment 10/28/2025	Method of Payment <input checked="" type="checkbox"/> Check # <u>112</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 4 Grove St Unit 23		City Moodus	State CT	Zip Code 06469
Purpose of Expend TRVL	Description Reimb Mileage Oct			Amount \$246.12
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lumaj 2026	January 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee Michele Gregorio		Date of Payment 11/01/2025	Method of Payment <input checked="" type="checkbox"/> Check # <u>113</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 4 Grove St Unit 23		City Moodus	State CT	Zip Code 06469
Purpose of Expend CNSLT	Description Monthly Fee Treasurer & Consulting - Oct			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$2,127.00
Name of Payee Thea Alfes		Date of Payment 11/01/2025	Method of Payment <input checked="" type="checkbox"/> Check # <u>114</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 302 South Rd		City Harwinton	State CT	Zip Code 06791
Purpose of Expend CNSLT	Description Monthly Fee - Asst Treasurer & Consulting - Oct			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$531.75
Name of Payee William Evans, Jr		Date of Payment 11/01/2025	Method of Payment <input checked="" type="checkbox"/> Check # <u>115</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 325 Celia Dr		City Wolcott	State CT	Zip Code 06705
Purpose of Expend CNSLT	Description Monthly Fee - Consulting - Oct			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$4,254.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lumaj 2026	January 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee William Evans, Jr		Date of Payment 11/01/2025	Method of Payment <input checked="" type="checkbox"/> Check # <u>116</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 325 Celia Dr		City Wolcott	State CT	Zip Code 06705
Purpose of Expend RMB	Description Reimb for meeting expenses		Amount \$38.60	
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)		
Name of Payee William Evans, Jr		Date of Payment 11/01/2025	Method of Payment <input checked="" type="checkbox"/> Check # <u>117</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 325 Celia Dr		City Wolcott	State CT	Zip Code 06705
Purpose of Expend TRVL	Description Reimb for Mileage - Oct		Amount \$57.40	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)		
Name of Payee Thea Alfes		Date of Payment 11/01/2025	Method of Payment <input checked="" type="checkbox"/> Check # <u>118</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 302 South Rd		City Harwinton	State CT	Zip Code 06791
Purpose of Expend TRVL	Description Reimb for Mileage - Oct		Amount \$332.50	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)		

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lumaj 2026	January 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee The Peres Group		Date of Payment 11/01/2025	Method of Payment <input checked="" type="checkbox"/> Check # <u>119</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 230 Hilton Ave Ste 19		City Hempstead	State NY	Zip Code 11550
Purpose of Expend WEB	Description Monthly Fee for website maintenance - Oct		Amount \$341.00	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)		
Name of Payee Arrow Printers		Date of Payment 11/02/2025	Method of Payment <input checked="" type="checkbox"/> Check # <u>120</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 96 Main St		City Ansonia	State CT	Zip Code 06401
Purpose of Expend PRNT	Description Thank you notes and other supplies		Amount \$393.50	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)		
Name of Payee Google Payment Corp.		Date of Payment 11/03/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1600 Amphitheatre Pkwy		City Mountain View	State CA	Zip Code 94043
Purpose of Expend Misc *	Description Monthly E-mail Charge		Amount \$29.78	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)		

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lumaj 2026	January 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Mailchimp		Date of Payment 11/06/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 405 N Angier Ave NE		City Atlanta	State GA	Zip Code 30312
Purpose of Expend Misc *	Description Monthly Charge for Emails Sent			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$136.35

Name of Payee USPS (Milford)		Date of Payment 11/06/2025	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 300 Pepes Farm Rd		City Milford	State CT	Zip Code 06460
Purpose of Expend POST	Description Stamps			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$15.60

Name of Payee Parthenon Diner (Branford)		Date of Payment 11/28/2025	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 374 E Main St		City Branford	State CT	Zip Code 06405
Purpose of Expend FOOD	Description Staff Meeting Food			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$27.75

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lumaj 2026	January 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Michele Gregorio		Date of Payment 11/29/2025	Method of Payment <input checked="" type="checkbox"/> Check # <u>125</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 4 Grove St Unit 23		City Moodus	State CT	Zip Code 06469
Purpose of Expend CNSLT	Description Monthly Fee - Treasurer & Consulting - Nov			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$3,049.00

Name of Payee Michele Gregorio		Date of Payment 11/30/2025	Method of Payment <input checked="" type="checkbox"/> Check # <u>121</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 4 Grove St Unit 23		City Moodus	State CT	Zip Code 06469
Purpose of Expend TRVL	Description Reimb mileage (Nov)			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$49.28

Name of Payee William Evans, Jr		Date of Payment 12/01/2025	Method of Payment <input checked="" type="checkbox"/> Check # <u>123</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 325 Celia Dr		City Wolcott	State CT	Zip Code 06705
Purpose of Expend CNSLT	Description Monthly Consulting - Nov			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$4,254.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lumaj 2026	January 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee William Evans, Jr		Date of Payment 12/01/2025	Method of Payment <input checked="" type="checkbox"/> Check # <u>124</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 325 Celia Dr		City Wolcott	State CT	Zip Code 06705
Purpose of Expend TRVL	Description Mileage Reimb (Nov)			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$147.70

Name of Payee Thea Alfes		Date of Payment 12/01/2025	Method of Payment <input checked="" type="checkbox"/> Check # <u>126</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 302 South Rd		City Harwinton	State CT	Zip Code 06791
Purpose of Expend CNSLT	Description Monthly Fee- Asst Treasurer & Consulting (Nov)			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$531.75

Name of Payee Thea Alfes		Date of Payment 12/01/2025	Method of Payment <input checked="" type="checkbox"/> Check # <u>127</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 302 South Rd		City Harwinton	State CT	Zip Code 06791
Purpose of Expend TRVL	Description Reimb Mileage (Nov)			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$39.20

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lumaj 2026	January 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee The Peres Group		Date of Payment 12/01/2025	Method of Payment <input checked="" type="checkbox"/> Check # <u>128</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 230 Hilton Ave Ste 19		City Hempstead	State NY	Zip Code 11550
Purpose of Expend WEB	Description Monthly Website Maint Fee			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$341.00

Name of Payee Google Payment Corp.		Date of Payment 12/01/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1600 Amphitheatre Pkwy		City Mountain View	State CA	Zip Code 94043
Purpose of Expend Misc *	Description Monthly E-mail Charge			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$29.78

Name of Payee Mailchimp		Date of Payment 12/08/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 405 N Angier Ave NE		City Atlanta	State GA	Zip Code 30312
Purpose of Expend Misc *	Description Monthly Charge Emailing Service			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$136.35

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lumaj 2026	January 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Michele Gregorio		Date of Payment 12/30/2025	Method of Payment <input checked="" type="checkbox"/> Check # <u>129</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 4 Grove St Unit 23		City Moodus	State CT	Zip Code 06469
Purpose of Expend TRVL	Description Reimb Mileage (Dec)			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$60.20

Name of Payee Michele Gregorio		Date of Payment 12/31/2025	Method of Payment <input checked="" type="checkbox"/> Check # <u>132</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 4 Grove St Unit 23		City Moodus	State CT	Zip Code 06469
Purpose of Expend RMB	Description Reimb Office Expense			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$71.99

Name of Payee Anedot		Date of Payment 12/31/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1340 Poydras St # 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expend Misc *	Description Anedot Fees - Oct - Nov - Dec 2025			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$686.30

Total of Section N**\$26,963.81**

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	
Lumaj 2026				January 10 Filing - Original	
P. Expenses Incurred on Committee Credit Card					
Name of Issuing Institution			Type of Credit Card:		
			<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other		
Name of Vendor				Date of Transaction	
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description			Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Yes No	Expenditure # (if applicable)	Event #	
If yes, assign an Expenditure # and complete Itemization in Addendum					
Total of Section P					

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lumaj 2026	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	
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IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lumaj 2026	January 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N: Check # Debit Card EFT
Name of Vendor Paid by Committee Worker/Consultant				
Street Address of Vendor		City	State	Zip Code
Purpose of Expenditure (by code)	Description			
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Yes No	Expenditure # (if applicable)	Event #	Amount
If yes, assign an Expenditure # and completes Itemization in Addendum R				
Total of Section R				

IV. EXPENDITURES (Sectuibs N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lumaj 2026	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