



COVER PAGE

| | | | | | |
|--|--|--|---|---|--|
| 1. NAME OF COMMITTEE | | | 2. TYPE OF COMMITTEE | | |
| COLLINS 2026 | | | <input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee | | |
| 3. TREASURER NAME | | | | | |
| First Angela | MI | Last Driver | Suffix | | |
| 4. TREASURER ADDRESS | | | | | |
| Street Address 183 Winslow Dr | City West Haven | State CT | Zip Code 06516 | | |
| 5. ELECTION DATE 11/03/2026 | 6. OFFICE SOUGHT (Complete only if Candidate Committee) State Representative | | | 7. DISTRICT NUMBER (if applicable) R117 | |
| 8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee) | | | | | |
| First Raymond | MI V | Last Collins | Suffix III | | |
| 9. TYPE OF REPORT | | | | | |
| January 10 Filing - Amendment | | | | | |
| 10. PERIOD COVERED | | | | | |
| Beginning Date | | Ending Date | | | |
| 11/21/2025 | | thru | | 12/31/2025 | |
| 11. CERTIFICATION | | | | | |
| <input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete. | | | | | |
| Electronic Filing SIGNATURE | Angela Driver PRINT NAME OF THE SIGNER | 04/01/2026 11:11:47AM DATE CERTIFIED | | | |
| A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty of up to \$25,000, unless a fine of a larger amount is otherwise provided for as a maximum fine in the Connecticut General Statutes. | | | | | |

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised February 2015

SUMMARY PAGE TOTALS

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT | |
|---|-------------------------------|-----------------------|
| COLLINS 2026 | January 10 Filing - Amendment | |
| | COLUMN A This Period | COLUMN B Aggregate |
| 12. Balance on hand from day Committee was formed | | \$0.00 |
| 13. Balance on hand at the beginning of Reporting Period | \$0.00 | |
| 14. Contributions received from Individuals (Section A and B) | \$1,160.00 | \$1,160.00 |
| 15. Receipts from Other Committees (Sections C1 and C2) | \$0.00 | \$0.00 |
| 16. Other Monetary Receipts (Section D through I) | \$0.00 | \$0.00 |
| 17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1) | \$0.00 | \$0.00 |
| 18. Total Monetary Receipts (add totals for lines 14 through 17) | \$1,160.00 | \$1,160.00 |
| 19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B) | \$1,160.00 | \$1,160.00 |
| 20. Expenses Paid by Committee (Section N) | \$257.64 | \$257.64 |
| 21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns) | \$902.36 | \$902.36 |
| 22. In-Kind Donations not Considered Contributions Received (Section J3) | \$0.00 | \$0.00 |
| 23. In-Kind Donations not Considered Contributions - House Party (Section J4) | \$0.00 | \$0.00 |
| 24. In-Kind Contributions Received (Section K) | \$0.00 | \$0.00 |
| 25. Refundable Deposit to Telephone Company (Section L) | \$0.00 | \$0.00 |
| 26. Beginning Loan Balance | \$0.00 | |
| 26a. + Loans Received (Section D) | \$0.00 | \$0.00 |
| 26b. + Interest and Penalties on Loan(s) | \$0.00 | \$0.00 |
| 26c. - Payments on Loan(s) | \$0.00 | \$0.00 |
| 26d. Total Outstanding Loan Amount | \$0.00 | |
| 27. Campaign Expenses Paid By Candidate (Section O) | \$0.00 | \$0.00 |
| 28. Expenses Incurred on Committee Credit Card (Section P) | \$0.00 | \$0.00 |
| 29. Expenses Incurred by Committee During this Period but Not Paid (Section Q) | \$0.00 | |
| 29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q) | \$0.00 | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|-------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| COLLINS 2026 | January 10 Filing - Amendment |

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

| | | | |
|--|--|---|------------------------------------|
| Last Name Driver | First Angela | MI | Contribution ID # 0001 |
| Residential Street Address 183 Winslow Dr | City West Haven | State CT | Zip Code 06516 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 12/05/2025 | Aggregate Contributions \$10.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|--|---|------------------------------------|
| Last Name Driver | First Angela | MI | Contribution ID # 0002 |
| Residential Street Address 183 Winslow Dr | City West Haven | State CT | Zip Code 06516 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 12/05/2025 | Aggregate Contributions \$10.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|--|---|------------------------------------|
| Last Name Kolo | First William | MI | Contribution ID # 0003 |
| Residential Street Address 61 Grassy Hill Rd | City Waterbury | State CT | Zip Code 06704 |
| Principal Occupation Director of Purchasing | Name of Employer Braxton Manufacturing Co., 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 checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 12/08/2025 | Aggregate Contributions \$60.00 |
| | | | Amount of Contribution \$60.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|-------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| COLLINS 2026 | January 10 Filing - Amendment |

B. Itemized Contributions from Individuals

| | | | |
|--|---|--|-------------------------------------|
| Last Name Sullivan | First Eugene | MI F | Contribution ID # 0004 |
| Residential Street Address 6 Harding St | City West Haven | State CT | Zip Code 06516 |
| Principal Occupation Business Owner | Name of Employer Leslie Jewelers LLC | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Date Received 12/09/2025 | Aggregate Contributions \$250.00 |
| 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 \$250.00 | |

| | | | |
|--|--------------------------------|--|------------------------------------|
| Last Name Rubin | First Spencer | MI | Contribution ID # 0005 |
| Residential Street Address 28 Crescent Dr | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Communications Specialist | Name of Employer Eversource | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 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 12/13/2025 | 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 Petrucci | First Kristina | MI | Contribution ID # 0006 |
| Residential Street Address 483 Washington Ave | City West Haven | State CT | Zip Code 06516 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 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 12/13/2025 | 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 Martino | First Michele | MI | Contribution ID # 0007 |
| Residential Street Address 684 Merwin Ave | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Date Received 12/13/2025 | Aggregate Contributions \$5.00 |
| 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 \$5.00 | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|-------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| COLLINS 2026 | January 10 Filing - Amendment |

B. Itemized Contributions from Individuals

| | | | |
|--|---|---|------------------------------------|
| Last Name D'Amato | First Joe | MI | Contribution ID # 0008 |
| Residential Street Address 35 Peppermill Dr | City West Haven | State CT | Zip Code 06516 |
| Principal Occupation Police Officer | Name of Employer City of West Haven | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 12/13/2025 | Aggregate Contributions \$25.00 |
| | | | Amount of Contribution \$25.00 |

| | | | |
|--|---|---|------------------------------------|
| Last Name Denny | First Ann | MI | Contribution ID # 0009 |
| Residential Street Address 422 Dogburn Ln | City Orange | State CT | Zip Code 06477 |
| Principal Occupation Administrative Assistant | Name of Employer Town of Orange | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 12/13/2025 | Aggregate Contributions \$25.00 |
| | | | Amount of Contribution \$25.00 |

| | | | |
|--|---|---|------------------------------------|
| Last Name Margeson | First Justin | MI | Contribution ID # 0010 |
| 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 12/13/2025 | Aggregate Contributions \$10.00 |
| | | | Amount of Contribution \$10.00 |

| | | | |
|--|---|---|------------------------------------|
| Last Name Hauck | First Warrell | MI | Contribution ID # 0011 |
| Residential Street Address 39 Lookout Hill Rd | City Milford | State CT | Zip Code 06461 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 12/14/2025 | Aggregate Contributions \$25.00 |
| | | | Amount of Contribution \$25.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|-------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| COLLINS 2026 | January 10 Filing - Amendment |

B. Itemized Contributions from Individuals

| | | | |
|--|--|--|----------------------------------|
| Last Name King | First Andrew | MI | Contribution ID # 0012 |
| Residential Street Address 32 Cedarhurst Ln | City Milford | State CT | Zip Code 06461 |
| Principal Occupation Real Estate Appraiser | Name of Employer Stewart Valuation Intelligence | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 12/14/2025 |
| | | Aggregate Contributions \$5.00 | Amount of Contribution \$5.00 |

| | | | |
|--|--|--|-----------------------------------|
| Last Name Hannan | First Gregg | MI | Contribution ID # 0013 |
| Residential Street Address 246 Reeds Gap Rd # 3A | City North Branford | State CT | Zip Code 06472 |
| Principal Occupation Attorney | Name of Employer State of Connecticut | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 12/14/2025 |
| | | Aggregate Contributions \$25.00 | Amount of Contribution \$25.00 |

| | | | |
|--|-----------------------------|--|------------------------------------|
| Last Name Klein | First Michael | MI | Contribution ID # 0014 |
| Residential Street Address 460 Turkey Hill Rd | City Orange | State CT | Zip Code 06477 |
| 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 12/14/2025 |
| | | Aggregate Contributions \$100.00 | Amount of Contribution \$100.00 |

| | | | |
|--|-------------------------------|--|-----------------------------------|
| Last Name Langelo | First Ryan | MI | Contribution ID # 0015 |
| Residential Street Address 80 Marshall St | City West Haven | State CT | Zip Code 06516 |
| Principal Occupation Regional Environment, Health and Safety Manager | Name of Employer Inframark | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 12/14/2025 |
| | | Aggregate Contributions \$25.00 | Amount of Contribution \$25.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|-------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| COLLINS 2026 | January 10 Filing - Amendment |

B. Itemized Contributions from Individuals

| | | | |
|--|--------------------------------|--|-----------------------------------|
| Last Name Esposito | First Despina | MI | Contribution ID # 0016 |
| Residential Street Address 118 Kennedy Dr | City Orange | State CT | Zip Code 06477 |
| Principal Occupation Human Resources | Name of Employer NCDC of OK | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of 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 Spicer | First Daniel | MI | Contribution ID # 0017 |
| Residential Street Address 7 Flax Mill Ln | City Milford | State CT | Zip Code 06461 |
| Principal Occupation Director of Sales | Name of Employer Light Sources 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 12/15/2025 |
| | | Aggregate Contributions \$20.00 | Amount of Contribution \$20.00 |

| | | | |
|--|--|--|----------------------------------|
| Last Name Driver | First McKenna | MI | Contribution ID # 0018 |
| Residential Street Address 183 Winslow Dr | City West Haven | State CT | Zip Code 06516 |
| Principal Occupation Avionics Inspector | Name of Employer Lockheed Martin/Sikorsky | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 12/15/2025 |
| | | Aggregate Contributions \$5.00 | Amount of Contribution \$5.00 |

| | | | |
|--|--------------------------------|--|----------------------------------|
| Last Name Driver | First Kellen | MI | Contribution ID # 0019 |
| Residential Street Address 183 Winslow Dr | City West Haven | State CT | Zip Code 06516 |
| 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 checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 12/15/2025 |
| | | Aggregate Contributions \$5.00 | Amount of Contribution \$5.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|-------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| COLLINS 2026 | January 10 Filing - Amendment |

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|------------------------------------|
| Last Name Driver | First Angela | MI | Contribution ID # 0020 |
| Residential Street Address 183 Winslow Dr | City West Haven | State CT | Zip Code 06516 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 12/16/2025 | Aggregate Contributions \$15.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Moore | First Alizee | MI | Contribution ID # 0021 |
| Residential Street Address 87 Brown St | City West Haven | State CT | Zip Code 06516 |
| Principal Occupation Student | Name of Employer Student | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 12/17/2025 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Driver | First David | MI | Contribution ID # 0022 |
| Residential Street Address 183 Winslow Dr | City West Haven | State CT | Zip Code 06516 |
| Principal Occupation Flight Inspector/Leadman | Name of Employer Lockheed Martin/Sikorsky | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 12/17/2025 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|--|---|------------------------------------|
| Last Name Ferrigno | First Jonathan | MI | Contribution ID # 0023 |
| Residential Street Address 60 Arnold Way | City West Hartford | State CT | Zip Code 06119 |
| Principal Occupation Government Affairs | Name of Employer Eversource Energy | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 12/17/2025 | 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 |
| COLLINS 2026 | January 10 Filing - Amendment |

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|-------------------------------------|
| Last Name Granfield | First Edward | MI | Contribution ID # 0024 |
| Residential Street Address 7 Haywagon Dr | City Old Lyme | State CT | Zip Code 06371 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 12/18/2025 | Aggregate Contributions \$320.00 |
| | | | Amount of Contribution \$320.00 |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Maddem | First Nancy | MI | Contribution ID # 0031 |
| Residential Street Address 469 Platt Ave | City West Haven | State CT | Zip Code 06515 |
| Principal Occupation Office Manager | Name of Employer B.M.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 checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 12/18/2025 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Maddem | First Jason | MI | Contribution ID # 0032 |
| Residential Street Address 469 Platt Ave | City West Haven | State CT | Zip Code 06516 |
| Principal Occupation Elevator Mechanic | Name of Employer Nouveau Elevator | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 12/18/2025 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|--|---|------------------------------------|
| Last Name Scarinzi | First Amanda | MI | Contribution ID # 0025 |
| Residential Street Address 290 Oakview Drive Ext | City Orange | State CT | Zip Code 06477 |
| Principal Occupation Programmer | Name of Employer Aquarion Water Co | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 12/19/2025 | Aggregate Contributions \$15.00 |
| | | | Amount of Contribution \$15.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|-------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| COLLINS 2026 | January 10 Filing - Amendment |

B. Itemized Contributions from Individuals

| | | | |
|---|---|---|------------------------------------|
| Last Name Margeson | First Rosanne | MI | Contribution ID # 0026 |
| Residential Street Address 21 Eastern Pkwy | City Milford | State CT | Zip Code 06460 |
| 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 | |
| Amount of Contribution | | | |
| Is this contribution associated with an event reported in Section J1? If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 12/20/2025 | Aggregate Contributions \$10.00 |
| | | | \$10.00 |

| | | | |
|---|---|---|------------------------------------|
| Last Name MacLennan | First Corey | MI | Contribution ID # 0027 |
| Residential Street Address 557 First Ave | City West Haven | State CT | Zip Code 06516 |
| Principal Occupation SLP | Name of Employer Ansonia Public Schools | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Amount of Contribution | | | |
| Is this contribution associated with an event reported in Section J1? If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 12/21/2025 | Aggregate Contributions \$10.00 |
| | | | \$10.00 |

| | | | |
|---|---|---|-----------------------------------|
| Last Name Garthwait | First Meli | MI | Contribution ID # 0028 |
| Residential Street Address 22 Second Ave | City West Haven | State CT | Zip Code 06516 |
| Principal Occupation Design & Realty | Name of Employer Coldwell Banker | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Amount of Contribution | | | |
| Is this contribution associated with an event reported in Section J1? If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 12/28/2025 | Aggregate Contributions \$5.00 |
| | | | \$5.00 |

| | | | |
|---|---|---|-----------------------------------|
| Last Name Green | First Tom | MI | Contribution ID # 0029 |
| Residential Street Address 22 Second Ave | City West Haven | State CT | Zip Code 06516 |
| Principal Occupation Lead Roof Service Tech | Name of Employer Nations Roof | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Amount of Contribution | | | |
| Is this contribution associated with an event reported in Section J1? If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 12/28/2025 | Aggregate Contributions \$5.00 |
| | | | \$5.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|-------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| COLLINS 2026 | January 10 Filing - Amendment |

B. Itemized Contributions from Individuals

| | | | |
|---|--|---|------------------------------------|
| Last Name Apicella | First Silvana | MI | Contribution ID # 0030 |
| Residential Street Address 281 Highland Ave | City West Haven | State CT | Zip Code 06516 |
| Principal Occupation Admin Assistant | Name of Employer SCSU | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 12/28/2025 | Aggregate Contributions \$50.00 |
| | | | Amount of Contribution \$50.00 |

| | | | |
|--|--|--|-------------------|
| Total of Section B | | | \$1,160.00 |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Total on Line 14, Column A of Summary Page) | | | \$1,160.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|-------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| COLLINS 2026 | January 10 Filing - Amendment |

C1. Contributions from Other Committees

| | | | |
|-------------------|---|-------------------------|------------------------|
| Name of Committee | Name of Treasurer | | |
| Address | Is this contribution associated with an event reported in Section J1? Yes No | | Amount of Contribution |
| City | State | Zip Code | Date Received |
| | | Aggregate Contributions | |

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

I. MONETARY RECEIPTS (Section A-I)

| | | | | | |
|--|-------------|----------|---|-------------------------------|-------------------|
| NAME OF COMMITTEE | | | | TYPE OF REPORT | |
| COLLINS 2026 | | | | January 10 Filing - Amendment | |
| C2. Reimbursements or Surplus Distributions from other Committees | | | | | |
| Name of Committee | | | Name of Treasurer | | |
| Address | | | | Date Received | Amount of Receipt |
| City | State | Zip Code | Payment Type Reimbursement for shared expense Surplus distribution from exploratory committee | | |
| Expenditure # | Description | | | | |
| Total of Section C2 | | | | | |

I. MONETARY RECEIPTS (Section A-I)

| | | | | | | |
|--|--|------|-----------------|-------------------------------|--|-------|
| NAME OF COMMITTEE | | | | TYPE OF REPORT | | |
| COLLINS 2026 | | | | January 10 Filing - Amendment | | |
| 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 |
| COLLINS 2026 | January 10 Filing - Amendment |

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

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

I. Monetary Receipts (Section A-I)

| | |
|-------------------|-------------------------------|
| NAME OF COMMITTEE | TYPE OF REPORT |
| COLLINS 2026 | January 10 Filing - Amendment |

G. Interest from Deposits in Authorized Accounts

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

I. MONETARY RECEIPTS (Section A-I)

| | |
|-------------------|-------------------------------|
| NAME OF COMMITTEE | TYPE OF REPORT |
| COLLINS 2026 | January 10 Filing - Amendment |

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

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

I. MONETARY RECEIPTS (Section A-I)

| | | | | | |
|--|--|------|---------------------|-------------------------------|-----------------|
| NAME OF COMMITTEE | | | | TYPE OF REPORT | |
| COLLINS 2026 | | | | January 10 Filing - Amendment | |
| I. Miscellaneous Monetary Receipts not Considered Contributions | | | | | |
| Name | | | Date of Transaction | | Amount Received |
| Street Address | | City | State | Zip Code | |
| Description | | | | | |
| Total of Section I | | | | | |

II. EVENT ACTIVITY (Sections J1 - J4)

| | | | | | |
|---|--------|-------------|---|-------------------------------|----------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | | TYPE OF REPORT | |
| COLLINS 2026 | | | | January 10 Filing - Amendment | |
| J1. Event Information | | | | | |
| Event # Date of Event | Letter | Description | Was this a fundraising event? Yes No | | |
| Location: Street Address | | | City | State | Zip Code |
| Was this event hosted at a personal residence? | | Yes | if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations. | | |
| | | No | | | |
| Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100? | | Yes | If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information. | | |
| | | No | | | |
| Subpart 1: | | | | | |
| Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? | | Yes | (If yes, enter Total Receipts here.) | | |
| | | No | | | |
| Total of Section J1 | | | | | |

II. EVENT ACTIVITY (Sections J1 - J4)

| | |
|---|-------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| COLLINS 2026 | January 10 Filing - Amendment |

J3. In-Kind Donations Not Considered Contributions

Name of the Donor

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

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

Total of Section J3

II. EVENT ACTIVITY (Sections J1 - J4)

| | |
|---|-------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| COLLINS 2026 | January 10 Filing - Amendment |

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

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

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

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

Total of Section J4

III. NONMONETARY RECEIPTS (Sections K - L)

| | |
|---|-------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| COLLINS 2026 | January 10 Filing - Amendment |

K. In-Kind Contributions

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

Total of Section K

III. Non Monetary Receipts (Sections K - L)

| | |
|---|-------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| COLLINS 2026 | January 10 Filing - Amendment |

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 |
| COLLINS 2026 | January 10 Filing - Amendment |
| N. Expenses Paid By Committee | |

| | | | | |
|---|---|--|---|------------------------|
| Name of Payee Spencer Rubin | | Date of Payment 12/18/2025 | Method of Payment <input checked="" type="checkbox"/> Check # <u>1002</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 28 Crescent Dr | | City Milford | State CT | Zip Code 06460 |
| Purpose of Expend RMB | Description WIX Invoice #1212034013 - Website Plan | | | Amount \$185.04 |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | |

| | | | | |
|---|---|--|---|-----------------------|
| Name of Payee Spencer Rubin | | Date of Payment 12/18/2025 | Method of Payment <input checked="" type="checkbox"/> Check # <u>1003</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 28 Crescent Dr | | City Milford | State CT | Zip Code 06460 |
| Purpose of Expend RMB | Description WIX Invoice #1212034111 - Website Domain | | | Amount \$12.90 |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | |

| | | | | |
|---|--|--|---|-----------------------|
| Name of Payee Spencer Rubin | | Date of Payment 12/29/2025 | Method of Payment <input checked="" type="checkbox"/> Check # <u>1004</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 28 Crescent Dr | | City Milford | State CT | Zip Code 06460 |
| Purpose of Expend RMB | Description Mailchimp Invoice #MC25022603 - Standard Email Plan | | | Amount \$20.20 |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | |

IV. EXPENDITURES (Sections N - S)

| | |
|---|-------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| COLLINS 2026 | January 10 Filing - Amendment |

N. Expenses Paid By Committee

| | | | |
|---|---|---|------------------------|
| 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 WEB | Description December 2025 fees for processing online contributions over website platform | 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 # \$39.50 |
| Total of Section N | | | \$257.64 |

IV. EXPENDITURES (Sections N - S)

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

O. Expenses Paid By Candidate

| | | | |
|--|-----------------|--|----------|
| Name of Payee (Name of vendor who candidate paid directly) | Date of Payment | Is Reimbursement Claimed? Yes No | |
| Street Address | City | State | Zip Code |
| 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 |
| COLLINS 2026 | January 10 Filing - Amendment |

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 |
| COLLINS 2026 | January 10 Filing - Amendment |

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

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

Total of Section Q

IV. EXPENDITURES (Sections N - S)

| | |
|---|-------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| COLLINS 2026 | January 10 Filing - Amendment |

R. Itemization of Reimbursements and Secondary Payees

| | | | | |
|---|----------------------|----|---|---|
| Last Name of Worker/Consultant Rubin | First Spencer | MI | Date of Payment to Vendor 12/03/2025 | Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 1002 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |
|---|----------------------|----|---|---|

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

| | | | |
|---|------------------|-------------|-------------------|
| Street Address of Vendor 100 Gansevoort St | City New York | State NY | Zip Code 10014 |
|---|------------------|-------------|-------------------|

| | |
|---|---|
| Purpose of Expenditure (by code) WEB | Description WIX Invoice #1212034013 - Website Plan |
|---|---|

| | | | |
|--|-------------------------------|---------|------------------------|
| 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 completes Itemization in Addendum R | Expenditure # (if applicable) | Event # | Amount \$185.04 |
|--|-------------------------------|---------|------------------------|

| | | | | |
|---|----------------------|----|---|---|
| Last Name of Worker/Consultant Rubin | First Spencer | MI | Date of Payment to Vendor 12/03/2025 | Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 1003 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |
|---|----------------------|----|---|---|

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

| | | | |
|---|------------------|-------------|-------------------|
| Street Address of Vendor 100 Gansevoort St | City New York | State NY | Zip Code 10014 |
|---|------------------|-------------|-------------------|

| | |
|---|---|
| Purpose of Expenditure (by code) WEB | Description WIX Invoice #1212034111 - Website Domain |
|---|---|

| | | | |
|--|-------------------------------|---------|-----------------------|
| 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 completes Itemization in Addendum R | Expenditure # (if applicable) | Event # | Amount \$12.90 |
|--|-------------------------------|---------|-----------------------|

IV. EXPENDITURES (Sections N - S)

| | |
|---|-------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| COLLINS 2026 | January 10 Filing - Amendment |

R. Itemization of Reimbursements and Secondary Payees

| | | | | |
|--|-------------------------|----|--|--|
| Last Name of Worker/Consultant Rubin | First Spencer | MI | Date of Payment to Vendor 12/29/2025 | Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 1004 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |
|--|-------------------------|----|--|--|

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

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

| | |
|--|---|
| Purpose of Expenditure (by code) A-OTH | Description Mailchimp Invoice #MC25022603 - Standard Email Plan |
|--|---|

| | | | |
|---|-------------------------------|---------|------------------------------|
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # | Amount \$20.20 |
| If yes, assign an Expenditure # and completes Itemization in Addendum R | | | |

| | | | | |
|--|-------------------------|----|--|--|
| Last Name of Worker/Consultant Rubin | First Spencer | MI | Date of Payment to Vendor 12/29/2025 | Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 1004 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |
|--|-------------------------|----|--|--|

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

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

| | |
|--|---|
| Purpose of Expenditure (by code) WEB | Description Mailchimp Invoice #MC25022603 - Standard Email Plan |
|--|---|

| | | | |
|---|-------------------------------|---------|--------------------------|
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # | Amount \$20.20 |
| If yes, assign an Expenditure # and completes Itemization in Addendum R | | | |

| | |
|---------------------------|-----------------|
| Total of Section R | \$218.14 |
|---------------------------|-----------------|

IV. EXPENDITURES (Sectuibs N - S)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
|---|-------------------------------|
| COLLINS 2026 | January 10 Filing - Amendment |

S. Surplus Distribution of Equipment and Furniture

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

Section J4. ADDENDUM

| NAME OF COMMITTEE | TYPE OF REPORT |
|-------------------|----------------|
| | |

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

| | |
|-------------------|--|
| Event # | |
| Name of Candidate | |

Section N. ADDENDUM

| NAME OF COMMITTEE | TYPE OF REPORT |
|-------------------|----------------|
| | |

N. Expenses Paid By Committee - Addendum

| Expenditure # | Amount of Expenditure |
|-------------------|-----------------------|
| | |
| Name of Candidate | Office Sought |

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

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

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