



**COVER PAGE**

1. NAME OF COMMITTEE				2. TYPE OF COMMITTEE			
CASE2026				<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee			
3. TREASURER NAME							
First Dustin		MI	Last Bingham			Suffix	
4. TREASURER ADDRESS							
Street Address 165 Lake Harwinton Rd			City Harwinton		State CT	Zip Code 06791	
5. ELECTION DATE		6. OFFICE SOUGHT ( Complete only if Candidate Committee)				7. DISTRICT NUMBER ( if applicable )	
11/03/2026		State Representative				R063	
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)							
First Jay		MI	Last Case			Suffix	
9. TYPE OF REPORT							
January 10 Filing - Amendment							
10. PERIOD COVERED							
		Beginning Date				Ending Date	
		11/01/2025		thru		12/31/2025	
11. CERTIFICATION							
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.							
Electronic Filing		Dustin Bingham			04/25/2026 3:26:08PM		
SIGNATURE		PRINT NAME OF THE SIGNER			DATE CERTIFIED		
<p><b>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.</b></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	
<b>CASE2026</b>	January 10 Filing - Amendment	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		<b>\$0.00</b>
13. Balance on hand at the beginning of Reporting Period	<b>\$0.00</b>	
14. Contributions received from Individuals (Section A and B)	<b>\$6,705.00</b>	<b>\$6,705.00</b>
15. Receipts from Other Committees (Sections C1 and C2)	<b>\$0.00</b>	<b>\$0.00</b>
16. Other Monetary Receipts (Section D through I)	<b>\$0.00</b>	<b>\$0.00</b>
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	<b>\$0.00</b>	<b>\$0.00</b>
18. Total Monetary Receipts (add totals for lines 14 through 17)	<b>\$6,705.00</b>	<b>\$6,705.00</b>
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	<b>\$6,705.00</b>	<b>\$6,705.00</b>
20. Expenses Paid by Committee (Section N)	<b>\$405.67</b>	<b>\$405.67</b>
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns )	<b>\$6,299.33</b>	<b>\$6,299.33</b>
22. In-Kind Donations not Considered Contributions Received (Section J3)	<b>\$0.00</b>	<b>\$0.00</b>
23. In-Kind Donations not Considered Contributions - House Party (Section J4)	<b>\$0.00</b>	<b>\$0.00</b>
24. In-Kind Contributions Received (Section K)	<b>\$0.00</b>	<b>\$0.00</b>
25. Refundable Deposit to Telephone Company (Section L)	<b>\$0.00</b>	<b>\$0.00</b>
26. Beginning Loan Balance	<b>\$0.00</b>	
26a. + Loans Received (Section D)	<b>\$0.00</b>	<b>\$0.00</b>
26b. + Interest and Penalties on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
26c. - Payments on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
26d. Total Outstanding Loan Amount	<b>\$0.00</b>	
27. Campaign Expenses Paid By Candidate (Section O)	<b>\$0.00</b>	<b>\$0.00</b>
28. Expenses Incurred on Committee Credit Card (Section P)	<b>\$0.00</b>	<b>\$0.00</b>
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	<b>\$0.00</b>	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	<b>\$0.00</b>	

**I. MONETARY RECEIPTS (Section A-I)**

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

**A. Total Contributions from Small Contributors-Received this Period ONLY**

For Nonparticipating Candidates ONLY

**\$0.00****B. Itemized Contributions from Individuals**

Last Name Bingham	First Dustin	MI	Contribution ID # 0001
Residential Street Address 165 Lake Harwinton Rd	City Harwinton	State CT	Zip Code 06791
Principal Occupation Finance	Name of Employer Ward Leonard		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 11/08/2025	Aggregate Contributions \$5.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$5.00	

Last Name Klebe	First Matthew	MI	Contribution ID # 0039
Residential Street Address 17 Emerald Dr	City Big Coppitt	State FL	Zip Code 33040
Principal Occupation Unemployed	Name of Employer Unemployed		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 11/14/2025	Aggregate Contributions \$250.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$250.00	

Last Name Fragale	First Lisa Ann	MI	Contribution ID # 0038
Residential Street Address 64 Cobb City Rd	City Colebrook	State CT	Zip Code 06021
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 11/14/2025	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
CASE2026	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name Ilany	First Jonathan	MI	Contribution ID # 0037
Residential Street Address 212 Grantville Rd	City Winsted	State CT	Zip Code 06098
Principal Occupation Manager	Name of Employer Tiptree inc		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/14/2025	Aggregate Contributions \$250.00
			Amount of Contribution \$250.00

Last Name Ilany	First Franny	MI	Contribution ID # 0036
Residential Street Address 212 Grantville Rd	City Winsted	State CT	Zip Code 06098
Principal Occupation Homemaker	Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/14/2025	Aggregate Contributions \$250.00
			Amount of Contribution \$250.00

Last Name Landi	First Michael	MI	Contribution ID # 0035
Residential Street Address 23 Prock Hill Rd	City Colebrook	State CT	Zip Code 06021
Principal Occupation Executive	Name of Employer No		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/14/2025	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Landi	First Sarah	MI	Contribution ID # 0034
Residential Street Address 23 Prock Hill Rd	City Colebrook	State CT	Zip Code 06021
Principal Occupation Nurse	Name of Employer Apple Rehab		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/14/2025	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

**I. MONETARY RECEIPTS (Section A-I)**

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

**B. Itemized Contributions from Individuals**

Last Name Landi	First Aubrey	MI	Contribution ID # 0033
Residential Street Address 23 Prock Hill Rd	City Colebrook	State CT	Zip Code 06021
Principal Occupation Clerical	Name of Employer Apple Rehab		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/14/2025	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name DiMauro	First Jason	MI	Contribution ID # 0032
Residential Street Address 45 Troutwood Dr	City New Hartford	State CT	Zip Code 06057
Principal Occupation Self employed	Name of Employer John,Ãs Package Store		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/14/2025	Aggregate Contributions \$200.00
			Amount of Contribution \$200.00

Last Name Landi	First Monique	MI	Contribution ID # 0031
Residential Street Address 23 Prock Hill Rd	City Colebrook	State CT	Zip Code 06021
Principal Occupation Nurse	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/14/2025	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Cannavo	First Nancy	MI	Contribution ID # 0030
Residential Street Address 121 Old North Rd	City Winchester	State CT	Zip Code 06098
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/14/2025	Aggregate Contributions \$200.00
			Amount of Contribution \$200.00

**I. MONETARY RECEIPTS (Section A-I)**

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

**B. Itemized Contributions from Individuals**

Last Name Fragale	First Jacob	MI	Contribution ID # 0029
Residential Street Address 63 Cobb City Rd	City Colebrook	State CT	Zip Code 06021
Principal Occupation Construction	Name of Employer Fragale paving		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/14/2025	Aggregate Contributions \$250.00
			Amount of Contribution \$250.00

Last Name jones	First Karen	MI	Contribution ID # 0043
Residential Street Address 199 E Lake St	City Winsted	State CT	Zip Code 06098
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/15/2025	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name jones	First Stewart	MI	Contribution ID # 0042
Residential Street Address 199 E Lake St	City Winsted	State CT	Zip Code 06098
Principal Occupation Automotive	Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/15/2025	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Marino	First Paul	MI	Contribution ID # 0041
Residential Street Address 678 E Wakefield Blvd	City Winsted	State CT	Zip Code 06098
Principal Occupation Consultant	Name of Employer Automotive Performance Consulting, Inc		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/15/2025	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

**I. MONETARY RECEIPTS (Section A-I)**

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

**B. Itemized Contributions from Individuals**

Last Name Case	First Christopher	MI	Contribution ID # 0040
Residential Street Address 72A Pine Rd	City Colebrook	State CT	Zip Code 06021
Principal Occupation Job Super	Name of Employer Borghesi Building		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/15/2025	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Schlein	First Rob	MI	Contribution ID # 0047
Residential Street Address 188 Grantville Rd	City Winsted	State CT	Zip Code 06098
Principal Occupation Lawyer	Name of Employer Sullivan & Cromwell LLP		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/16/2025	Aggregate Contributions \$250.00
			Amount of Contribution \$250.00

Last Name Blass	First Jeannette	MI	Contribution ID # 0046
Residential Street Address 87 Eno Hill Rd	City Colebrook	State CT	Zip Code 06021
Principal Occupation Quality Engineer	Name of Employer Perry Technology Corporation		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/16/2025	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Blass	First Robert	MI	Contribution ID # 0045
Residential Street Address 87 Eno Hill Rd	City Colebrook	State CT	Zip Code 06021
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/16/2025	Aggregate Contributions \$20.00
			Amount of Contribution \$20.00

**I. MONETARY RECEIPTS (Section A-I)**

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

**B. Itemized Contributions from Individuals**

Last Name Thibault	First Jeanine	MI	Contribution ID # 0044
Residential Street Address 218 Tarringford St	City Winsted	State CT	Zip Code 06098
Principal Occupation retired	Name of Employer Me		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/16/2025	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Bernstein	First Carey	MI	Contribution ID # 0056
Residential Street Address 436 Winchester Rd	City Winsted	State CT	Zip Code 06098
Principal Occupation Attorney	Name of Employer Carey S. Bernstein, Esq., PC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/16/2025	Aggregate Contributions \$250.00
			Amount of Contribution \$250.00

Last Name Case	First Gloria	MI	Contribution ID # 0055
Residential Street Address 72A Pine Rd	City Colebrook	State CT	Zip Code 06021
Principal Occupation Controller	Name of Employer Corotec Corp		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/16/2025	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Laigle	First Lois	MI	Contribution ID # 0054
Residential Street Address 144 Silver Brook Ln	City Torrington	State CT	Zip Code 06790
Principal Occupation Sales	Name of Employer Tribe 9 Foods LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/16/2025	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

**I. MONETARY RECEIPTS (Section A-I)**

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

**B. Itemized Contributions from Individuals**

Last Name Winn	First Donna	MI	Contribution ID # 0053
Residential Street Address 116 Tarringford St	City Winsted	State CT	Zip Code 06098
Principal Occupation Customer Service Representative	Name of Employer Superior Plus Propane		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/16/2025	Aggregate Contributions \$10.00
			Amount of Contribution \$10.00

Last Name Marchand	First Kim	MI	Contribution ID # 0052
Residential Street Address 115 W Wakefield Blvd	City Winsted	State CT	Zip Code 06098
Principal Occupation Electrical contractor	Name of Employer Marchand Electric LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/16/2025	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Vaill	First Sandra	MI	Contribution ID # 0051
Residential Street Address 86B Rockwell St	City Winsted	State CT	Zip Code 06098
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/16/2025	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Barown	First Bridgett	MI	Contribution ID # 0050
Residential Street Address 25 Bunnell Street Ext	City Colebrook	State CT	Zip Code 06021
Principal Occupation Analyst	Name of Employer The Hartford		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/16/2025	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

**I. MONETARY RECEIPTS (Section A-I)**

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

**B. Itemized Contributions from Individuals**

Last Name Nardine	First Jessica	MI	Contribution ID # 0049
Residential Street Address 109 Prock Hill Rd	City Colebrook	State CT	Zip Code 06021
Principal Occupation Teacher	Name of Employer The Gilbert School		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 11/16/2025	Aggregate Contributions \$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 Meltzer	First Harry	MI	Contribution ID # 0048
Residential Street Address 242 Grantville Rd	City Winsted	State CT	Zip Code 06098
Principal Occupation Architect	Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 11/16/2025	Aggregate Contributions \$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 Weingart	First Richard	MI	Contribution ID # 0064
Residential Street Address 70 Gillette Rd	City New Hartford	State CT	Zip Code 06057
Principal Occupation No	Name of Employer No		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 11/17/2025	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 Sterling	First Marsha	MI	Contribution ID # 0063
Residential Street Address 254 Grantville Rd	City Winchester	State CT	Zip Code 06098
Principal Occupation App Developer	Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 11/17/2025	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
CASE2026	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Roberts</b>	First <b>James</b>	MI	Contribution ID # <b>0062</b>
Residential Street Address <b>254 Grantville Rd</b>	City <b>Winchester</b>	State <b>CT</b>	Zip Code <b>06098</b>
Principal Occupation <b>App Developer</b>	Name of Employer <b>N/A</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>11/17/2025</b>	Aggregate Contributions <b>\$250.00</b>
		Amount of Contribution <b>\$250.00</b>	

Last Name <b>Ward</b>	First <b>Leah</b>	MI	Contribution ID # <b>0061</b>
Residential Street Address <b>113A Beech Hill Rd</b>	City <b>Colebrook</b>	State <b>CT</b>	Zip Code <b>06021</b>
Principal Occupation <b>Nurse practitioner</b>	Name of Employer <b>Optum UHG</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>11/17/2025</b>	Aggregate Contributions <b>\$50.00</b>
		Amount of Contribution <b>\$50.00</b>	

Last Name <b>Werner</b>	First <b>Kurt</b>	MI	Contribution ID # <b>0060</b>
Residential Street Address <b>82 Crown St</b>	City <b>Winsted</b>	State <b>CT</b>	Zip Code <b>06098</b>
Principal Occupation <b>Insurance Producer</b>	Name of Employer <b>The Garceau Agency-Goosehead Insurance</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>11/17/2025</b>	Aggregate Contributions <b>\$50.00</b>
		Amount of Contribution <b>\$50.00</b>	

Last Name <b>Tracy</b>	First <b>Keith</b>	MI	Contribution ID # <b>0059</b>
Residential Street Address <b>677 E Wakefield Blvd</b>	City <b>Winsted</b>	State <b>CT</b>	Zip Code <b>06098</b>
Principal Occupation <b>Project Manager</b>	Name of Employer <b>Arthur G Russell Co</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>11/17/2025</b>	Aggregate Contributions <b>\$25.00</b>
		Amount of Contribution <b>\$25.00</b>	

**I. MONETARY RECEIPTS (Section A-I)**

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

**B. Itemized Contributions from Individuals**

Last Name DiMauro	First John	MI	Contribution ID # 0058
Residential Street Address 81 Benton St	City Winsted	State CT	Zip Code 06098
Principal Occupation POS Manager	Name of Employer Hartford Distributor Inc		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/17/2025	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Tracy	First Brenda	MI	Contribution ID # 0057
Residential Street Address 677 E Wakefield Blvd	City Winsted	State CT	Zip Code 06098
Principal Occupation Senior Financial Analyst	Name of Employer marketing.com		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/17/2025	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Murray	First Heather	MI	Contribution ID # 0066
Residential Street Address 11 Birdsall St	City Winsted	State CT	Zip Code 06098
Principal Occupation Assembler/office work	Name of Employer Norse, Inc		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/19/2025	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Huber	First Kim	MI	Contribution ID # 0065
Residential Street Address 107 Old Colebrook Rd	City Winsted	State CT	Zip Code 06098
Principal Occupation Appeal Specialist	Name of Employer The Hartford Insurance Group		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/19/2025	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

**I. MONETARY RECEIPTS (Section A-I)**

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

**B. Itemized Contributions from Individuals**

Last Name jones		First Deborah		MI	Contribution ID # 0067
Residential Street Address 364 Platt Hill Rd		City Winsted		State CT	Zip Code 06098
Principal Occupation Registrar of Voters			Name of Employer Registrar of Voters		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 11/20/2025	
				Aggregate Contributions \$5.00	\$5.00

Last Name <b>Bingham</b>		First <b>Dustin</b>		MI	Contribution ID # <b>0070</b>
Residential Street Address <b>165 Lake Harwinton Rd</b>		City <b>Harwinton</b>		State <b>CT</b>	Zip Code <b>06791</b>
Principal Occupation <b>Finance</b>			Name of Employer <b>Ward Leonard</b>		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>11/21/2025</b>	
				Aggregate Contributions <b>\$10.00-</b>	<b>\$5.00-</b>

Last Name <b>Bingham</b>		First <b>Dustin</b>		MI	Contribution ID # <b>0069</b>
Residential Street Address <b>165 Lake Harwinton Rd</b>		City <b>Harwinton</b>		State <b>CT</b>	Zip Code <b>06791</b>
Principal Occupation <b>Finance</b>			Name of Employer <b>Ward Leonard</b>		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>11/21/2025</b>	
				Aggregate Contributions <b>\$10.00-</b>	<b>\$5.00-</b>

Last Name Bingham		First Dustin		MI	Contribution ID # 0068
Residential Street Address 165 Lake Harwinton Rd		City Harwinton		State CT	Zip Code 06791
Principal Occupation Finance			Name of Employer Ward Leonard		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 11/21/2025	
				Aggregate Contributions \$10.00	\$5.00

**I. MONETARY RECEIPTS (Section A-I)**

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

**B. Itemized Contributions from Individuals**

Last Name Engleman	First Robert	MI	Contribution ID # 0080
Residential Street Address 488 Granville Rd	City East Hartland	State CT	Zip Code 06027
Principal Occupation Environmental Service Director	Name of Employer Apple Rehab		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/22/2025	Aggregate Contributions \$50.00
			\$50.00

Last Name Strubhar	First Sondra	MI	Contribution ID # 0079
Residential Street Address 6 Stadler Hts	City Winsted	State CT	Zip Code 06098
Principal Occupation Realtor	Name of Employer Self employed		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/22/2025	Aggregate Contributions \$5.00
			\$5.00

Last Name Milo	First Nicole	MI	Contribution ID # 0078
Residential Street Address 111 Upper Valley Rd	City Torrington	State CT	Zip Code 06790
Principal Occupation CEO	Name of Employer House or Hope, Inc		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/22/2025	Aggregate Contributions \$5.00
			\$5.00

Last Name Leifert	First Dale	MI	Contribution ID # 0077
Residential Street Address 188 Pratt St	City Winsted	State CT	Zip Code 06098
Principal Occupation Finance	Name of Employer Windsor Federal Bank		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/22/2025	Aggregate Contributions \$5.00
			\$5.00

**I. MONETARY RECEIPTS (Section A-I)**

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

**B. Itemized Contributions from Individuals**

Last Name Griffin	First Kris	MI	Contribution ID # 0076
Residential Street Address 188 Pratt St	City Winsted	State CT	Zip Code 06098
Principal Occupation CEO	Name of Employer Winsted Health Center		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/22/2025	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Albanesius	First Glenn	MI	Contribution ID # 0075
Residential Street Address 229 Grantville Rd	City Winsted	State CT	Zip Code 06098
Principal Occupation Town Clerk	Name of Employer Town of Winchester		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/22/2025	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Connolly	First Katie	MI	Contribution ID # 0074
Residential Street Address 55 Lakeview Rd	City Winsted	State CT	Zip Code 06098
Principal Occupation Human Resources	Name of Employer Northwest Community Bank		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/22/2025	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Case	First Kyle	MI	Contribution ID # 0073
Residential Street Address 2 Rowley Pond Rd	City Winsted	State CT	Zip Code 06098
Principal Occupation Engineer	Name of Employer State of Connecticut		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/22/2025	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

**I. MONETARY RECEIPTS (Section A-I)**

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

**B. Itemized Contributions from Individuals**

Last Name Case	First Amanda	MI	Contribution ID # 0072
Residential Street Address 2 Rowley Pond Rd	City Winsted	State CT	Zip Code 06098
Principal Occupation Quality Specialist	Name of Employer Pratt & Whitney		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/22/2025	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name <b>Case</b>	First <b>Sydney</b>	MI	Contribution ID # <b>0071</b>
Residential Street Address <b>233 Smith Hill Rd</b>	City <b>Winsted</b>	State <b>CT</b>	Zip Code <b>06098</b>
Principal Occupation <b>Student</b>	Name of Employer <b>Student</b>		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>11/22/2025</b>	Aggregate Contributions <b>\$0.00</b>
			Amount of Contribution <b>\$5.00</b>

Last Name Milo	First Gloria	MI	Contribution ID # 0090
Residential Street Address 129 Allison Dr	City Torrington	State CT	Zip Code 06790
Principal Occupation No	Name of Employer No		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/23/2025	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Mongitore	First Tanya	MI	Contribution ID # 0089
Residential Street Address 328 Winchester Rd	City Winsted	State CT	Zip Code 06098
Principal Occupation Branch Accountant	Name of Employer R&M Insulation LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/23/2025	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

**I. MONETARY RECEIPTS (Section A-I)**

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

**B. Itemized Contributions from Individuals**

Last Name Mongitore	First Anthony	MI	Contribution ID # 0088
Residential Street Address 328 Winchester Rd	City Winsted	State CT	Zip Code 06098
Principal Occupation Branch Manager	Name of Employer R&M Insulation LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/23/2025	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Casey	First Mary anne	MI	Contribution ID # 0087
Residential Street Address 70 Gillette Rd	City New Hartford	State CT	Zip Code 06057
Principal Occupation Bail Agent	Name of Employer Casey Bail Bonds, Inc.		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/23/2025	Aggregate Contributions \$250.00
			Amount of Contribution \$250.00

Last Name Milo	First Alphonse	MI	Contribution ID # 0086
Residential Street Address 129 Allison Dr	City Torrington	State CT	Zip Code 06790
Principal Occupation No	Name of Employer No		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/23/2025	Aggregate Contributions \$200.00
			Amount of Contribution \$200.00

Last Name Vogt	First Robert	MI	Contribution ID # 0085
Residential Street Address 57 Moore Ave	City Winchester	State CT	Zip Code 06098
Principal Occupation Maintenance Technician	Name of Employer Aptyx		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/23/2025	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

**I. MONETARY RECEIPTS (Section A-I)**

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

**B. Itemized Contributions from Individuals**

Last Name Vogt	First Shelley	MI	Contribution ID # 0084
Residential Street Address 57 Moore Ave	City Winchester	State CT	Zip Code 06098
Principal Occupation MRI technician	Name of Employer AMI		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 11/23/2025	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	

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

Last Name Farley	First Daniel	MI	Contribution ID # 0082
Residential Street Address 174 Benham St	City Torrington	State CT	Zip Code 06790
Principal Occupation City Treasurer	Name of Employer City of Torrington		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 11/23/2025	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	

Last Name M McDivitt	First Emily	MI	Contribution ID # 0081
Residential Street Address 727 Torrington East St	City Torrington	State CT	Zip Code 06790
Principal Occupation homemaker, nurse	Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 11/23/2025	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
CASE2026	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name Schoenly	First Conant	MI	Contribution ID # 0093
Residential Street Address 46 Logan Rd	City Salisbury	State CT	Zip Code 06068
Principal Occupation Businessman	Name of Employer Charter Oak Home Care		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/24/2025	Aggregate Contributions \$250.00
			Amount of Contribution \$250.00

Last Name Marino	First Ellen	MI	Contribution ID # 0092
Residential Street Address 596 Main St	City Winsted	State CT	Zip Code 06098
Principal Occupation Lawyer	Name of Employer Law Office of Ellen C Marino		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/24/2025	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Schrock	First Rebecca	MI	Contribution ID # 0091
Residential Street Address 89 Spencer Hill Rd	City Winsted	State CT	Zip Code 06098
Principal Occupation retired	Name of Employer CT		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/24/2025	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Sartirana	First David	MI	Contribution ID # 0094
Residential Street Address 46 Millbrook Rd	City Colebrook	State CT	Zip Code 06021
Principal Occupation Real Estate Broker	Name of Employer Northwest CT Realty		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/25/2025	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

**I. MONETARY RECEIPTS (Section A-I)**

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

**B. Itemized Contributions from Individuals**

Last Name McCarthy	First Kimberly	MI	Contribution ID # 0099
Residential Street Address 78 Walnut St	City Winsted	State CT	Zip Code 06098
Principal Occupation Student	Name of Employer Student		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/29/2025	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name McCarthy	First Kelly	MI	Contribution ID # 0098
Residential Street Address 78 Walnut St	City Winsted	State CT	Zip Code 06098
Principal Occupation Owner	Name of Employer KK Take 2 LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/29/2025	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name McCarthy	First Bob	MI	Contribution ID # 0097
Residential Street Address 78 Walnut St	City Winsted	State CT	Zip Code 06098
Principal Occupation retired	Name of Employer Kk take 2		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/29/2025	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Parent	First Spencer	MI	Contribution ID # 0096
Residential Street Address 108 Danbury Quarter Rd	City Winsted	State CT	Zip Code 06098
Principal Occupation Owner	Name of Employer Laurel City Towing		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/29/2025	Aggregate Contributions \$250.00
			Amount of Contribution \$250.00

**I. MONETARY RECEIPTS (Section A-I)**

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

**B. Itemized Contributions from Individuals**

Last Name McCarthy	First Brandon	MI	Contribution ID # 0095
Residential Street Address 78 Walnut St	City Winsted	State CT	Zip Code 06098
Principal Occupation Military	Name of Employer US Navy		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/29/2025	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Spino	First Molly	MI	Contribution ID # 0106
Residential Street Address 171 Torrington Heights Rd	City Torrington	State CT	Zip Code 06790
Principal Occupation Mayor	Name of Employer City of Torrington		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/30/2025	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Marchand	First Jennifer	MI	Contribution ID # 0105
Residential Street Address 122 Wallens St	City Winsted	State CT	Zip Code 06098
Principal Occupation Bank COO	Name of Employer Torrington Savings Bank		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/30/2025	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Gauthier Sr	First Peter J	MI	Contribution ID # 0104
Residential Street Address 872 W Wakefield Blvd	City Winsted	State CT	Zip Code 06098
Principal Occupation Construction	Name of Employer Self employed		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/30/2025	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

**I. MONETARY RECEIPTS (Section A-I)**

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

**B. Itemized Contributions from Individuals**

Last Name Lloyd	First Jim	MI	Contribution ID # 0103
Residential Street Address 159 Vons Ln	City Winsted	State CT	Zip Code 06098
Principal Occupation Technical communicator	Name of Employer H.O. Penn machinery co		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/30/2025	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Lloyd	First Cooper	MI	Contribution ID # 0102
Residential Street Address 159 Vons Ln	City Winsted	State CT	Zip Code 06098
Principal Occupation Student	Name of Employer Student		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/30/2025	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Marchand	First Peter	MI	Contribution ID # 0101
Residential Street Address 122 Wallens St	City Winsted	State CT	Zip Code 06098
Principal Occupation business analyst	Name of Employer COCC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/30/2025	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Lewis	First Jennifer	MI	Contribution ID # 0100
Residential Street Address 163 W Wakefield Blvd	City Winsted	State CT	Zip Code 06098
Principal Occupation Practice Manager	Name of Employer Collaborative Medicine		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/30/2025	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

**I. MONETARY RECEIPTS (Section A-I)**

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

**B. Itemized Contributions from Individuals**

Last Name Higgins	First Kim	MI J	Contribution ID # 0019
Residential Street Address 20 Cresant St	City Winsted	State CT	Zip Code 06098
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/01/2025	Aggregate Contributions \$10.00
			Amount of Contribution \$10.00

Last Name Smith	First Lisa	MI	Contribution ID # 0109
Residential Street Address 243 Wallens Hill Rd	City Winsted	State CT	Zip Code 06098
Principal Occupation Caretaker	Name of Employer Caretaker		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/01/2025	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Horvay	First Ryan	MI	Contribution ID # 0108
Residential Street Address 545 E Wakefield Blvd	City Winsted	State CT	Zip Code 06098
Principal Occupation Sales	Name of Employer Oshkosh		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/01/2025	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Sartirana	First Amy	MI	Contribution ID # 0107
Residential Street Address 46 Millbrook Rd	City Colebrook	State CT	Zip Code 06021
Principal Occupation Realtor	Name of Employer Northwest CT Realty		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/01/2025	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

**I. MONETARY RECEIPTS (Section A-I)**

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

**B. Itemized Contributions from Individuals**

Last Name Higgins	First Kevin	MI H	Contribution ID # 0020
Residential Street Address 20 Cresant St	City Winsted	State CT	Zip Code 06098
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/01/2025	Aggregate Contributions \$10.00
			Amount of Contribution \$10.00

Last Name Cassaday	First Alexandra	MI	Contribution ID # 0112
Residential Street Address 111 Torrington St	City Winsted	State CT	Zip Code 06098
Principal Occupation Student	Name of Employer Dollar Tree		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/01/2025	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Cassaday	First Steve	MI	Contribution ID # 0111
Residential Street Address 111 Torrington St	City Winsted	State CT	Zip Code 06098
Principal Occupation Shipping	Name of Employer Regal Rexnord		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/01/2025	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Spino	First Nick	MI	Contribution ID # 0110
Residential Street Address 171 Torrington Heights Rd	City Torrington	State CT	Zip Code 06790
Principal Occupation Safety Specialist	Name of Employer McPhee Electric		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/01/2025	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

**I. MONETARY RECEIPTS (Section A-I)**

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

**B. Itemized Contributions from Individuals**

Last Name Scoville	First Jacqueline	MI	Contribution ID # 0120
Residential Street Address 356 Westside Ln	City Torrington	State CT	Zip Code 06790
Principal Occupation Nutrition	Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 12/03/2025	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	

Last Name Scoville	First Thomas	MI	Contribution ID # 0119
Residential Street Address 356 Westside Ln	City Torrington	State CT	Zip Code 06790
Principal Occupation Plumbing	Name of Employer Plumbing manager		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 12/03/2025	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	

Last Name Steck	First James	MI	Contribution ID # 0118
Residential Street Address 104 Rock Creek Ln	City Torrington	State CT	Zip Code 06790
Principal Occupation Probate Judge/Attorney	Name of Employer Self-employed.		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 12/03/2025	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	

Last Name Campbell	First Morgan	MI	Contribution ID # 0117
Residential Street Address 353 Platt Hill Rd	City Winsted	State CT	Zip Code 06098
Principal Occupation Dog groomer	Name of Employer Petco		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 12/03/2025	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
CASE2026	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name Arcelaschi	First Todd	MI	Contribution ID # 0116
Residential Street Address 291 Colebrook Rd	City Winsted	State CT	Zip Code 06098
Principal Occupation Administrator	Name of Employer Regional Refuse Disposal District #1		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/03/2025	Aggregate Contributions \$5.00
			\$5.00

Last Name Steck	First Terence	MI	Contribution ID # 0115
Residential Street Address 356 W Wakefield Blvd	City Winsted	State CT	Zip Code 06098
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/03/2025	Aggregate Contributions \$5.00
			\$5.00

Last Name Buchanan	First Mary Ann	MI	Contribution ID # 0114
Residential Street Address 173 Stillman Hill Rd	City Colebrook	State CT	Zip Code 06021
Principal Occupation School Administrator	Name of Employer Torrington Public Schools		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/03/2025	Aggregate Contributions \$5.00
			\$5.00

Last Name Buchanan	First Charles	MI	Contribution ID # 0113
Residential Street Address 173 Stillman Hill Rd	City Colebrook	State CT	Zip Code 06021
Principal Occupation Academic Associate	Name of Employer NVCC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/03/2025	Aggregate Contributions \$5.00
			\$5.00

**I. MONETARY RECEIPTS (Section A-I)**

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

**B. Itemized Contributions from Individuals**

Last Name Marino	First Laura	MI	Contribution ID # 0021
Residential Street Address 678 E Wakefield Blvd	City Winchester	State CT	Zip Code 06098
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/04/2025	Aggregate Contributions \$20.00
			Amount of Contribution \$20.00

Last Name Prevaznak	First Pamela	MI	Contribution ID # 0006
Residential Street Address 281 Grantville Rd	City Winchester Center	State CT	Zip Code 06094
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/04/2025	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Prevaznak	First John	MI	Contribution ID # 0005
Residential Street Address 281 Grantville Rd	City Winchester Center	State CT	Zip Code 06094
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/04/2025	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Smith	First Matthew	MI L	Contribution ID # 0007
Residential Street Address 662 E Wakefield Blvd	City Winsted	State CT	Zip Code 06098
Principal Occupation Real Estate	Name of Employer SVS		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/04/2025	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

**I. MONETARY RECEIPTS (Section A-I)**

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

**B. Itemized Contributions from Individuals**

Last Name Hester	First William	MI	Contribution ID # 0121
Residential Street Address 82 Boyd St	City Winsted	State CT	Zip Code 06098
Principal Occupation Wastewater Operator	Name of Employer Norfolk Sewer District		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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 checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/04/2025	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Corey	First Pamela	MI G	Contribution ID # 0025
Residential Street Address 374 White Pine Rd	City Torrington	State CT	Zip Code 06790
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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 checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 12/05/2025	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Corey	First David	MI M	Contribution ID # 0024
Residential Street Address 374 White Pine Rd	City Torrington	State CT	Zip Code 06790
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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 checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 12/05/2025	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Bacardi	First Totem	MI	Contribution ID # 0023
Residential Street Address 2 Prock Hill Rd	City Colebrook	State CT	Zip Code 06021
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 12/06/2025	Aggregate Contributions \$250.00
			Amount of Contribution \$250.00

**I. MONETARY RECEIPTS (Section A-I)**

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

**B. Itemized Contributions from Individuals**

Last Name Bacardi	First Nadja	MI	Contribution ID # 0022
Residential Street Address 2 Prock Hill Rd	City Colebrook	State CT	Zip Code 06021
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/06/2025	Aggregate Contributions \$250.00
			Amount of Contribution \$250.00

Last Name Case	First Kathleen	MI M	Contribution ID # 0008
Residential Street Address 137 Maloney Ct	City Winsted	State CT	Zip Code 06098
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/06/2025	Aggregate Contributions \$10.00
			Amount of Contribution \$10.00

Last Name Alling	First Richard	MI L	Contribution ID # 0004
Residential Street Address 133 Wahnee Rd	City Torrington	State CT	Zip Code 06790
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/06/2025	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Fratini	First Helen	MI	Contribution ID # 0003
Residential Street Address 133 Wahnee Rd	City Torrington	State CT	Zip Code 06790
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/06/2025	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

**I. MONETARY RECEIPTS (Section A-I)**

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

**B. Itemized Contributions from Individuals**

Last Name Fratini	First John	MI	Contribution ID # 0002
Residential Street Address 25 Hubbard St	City Winsted	State CT	Zip Code 06098
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/06/2025	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Connole	First James	MI J	Contribution ID # 0018
Residential Street Address 18 Woodland Ave	City Winsted	State CT	Zip Code 06098
Principal Occupation Window Cleaning	Name of Employer Connole Windows		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/06/2025	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Connole	First Carmelina	MI M	Contribution ID # 0017
Residential Street Address 18 Woodland Ave	City Winsted	State CT	Zip Code 06098
Principal Occupation Window Cleaning	Name of Employer Connole Windows		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/06/2025	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Brainard	First Timothy	MI	Contribution ID # 0126
Residential Street Address 16 Sandy Brook Rd	City Colebrook	State CT	Zip Code 06021
Principal Occupation Owner operator	Name of Employer Brainard Classic Auto LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/06/2025	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

**I. MONETARY RECEIPTS (Section A-I)**

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

**B. Itemized Contributions from Individuals**

Last Name Beyus	First Chris	MI	Contribution ID # 0125
Residential Street Address 179 Pearl St	City Torrington	State CT	Zip Code 06790
Principal Occupation Sales	Name of Employer Elevator Service Company		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/06/2025	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Maniccia	First Armand	MI	Contribution ID # 0124
Residential Street Address 531 Charles St	City Torrington	State CT	Zip Code 06790
Principal Occupation Teacher	Name of Employer Torrington Public Schools		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/06/2025	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Fowler	First Jonathan	MI	Contribution ID # 0123
Residential Street Address 74 Holley Pl	City Torrington	State CT	Zip Code 06790
Principal Occupation Sales	Name of Employer Wittmann		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/06/2025	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Brainard	First Serena	MI	Contribution ID # 0122
Residential Street Address 16 Sandy Brook Rd	City Colebrook	State CT	Zip Code 06021
Principal Occupation Administrative	Name of Employer No		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/06/2025	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

**I. MONETARY RECEIPTS (Section A-I)**

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

**B. Itemized Contributions from Individuals**

Last Name Sullivan	First Mark	MI	Contribution ID # 0131
Residential Street Address 1 Bunnell Street Ext	City Colebrook	State CT	Zip Code 06021
Principal Occupation retired	Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/07/2025	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Decker	First Matthew	MI	Contribution ID # 0130
Residential Street Address 203 E Wakefield Blvd	City Winsted	State CT	Zip Code 06098
Principal Occupation Parts specialist	Name of Employer Torrington Ford		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/07/2025	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Horvay	First Maggie	MI	Contribution ID # 0129
Residential Street Address 545 E Wakefield Blvd	City Winsted	State CT	Zip Code 06098
Principal Occupation Hygeinist	Name of Employer Dentist		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/07/2025	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Morhardt	First Jonathan	MI	Contribution ID # 0128
Residential Street Address 219 Spencer Hill Rd	City Winsted	State CT	Zip Code 06098
Principal Occupation Consultant, Student.	Name of Employer Men,Ãs Wearhouse		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/07/2025	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

**I. MONETARY RECEIPTS (Section A-I)**

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

**B. Itemized Contributions from Individuals**

Last Name Fixer	First Cynthia	MI	Contribution ID # 0127
Residential Street Address 1 Bunnell Street Ext	City Colebrook	State CT	Zip Code 06021
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/07/2025	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Sartirana	First Joshua	MI A	Contribution ID # 0010
Residential Street Address 11 Gibbs St # 9	City Winsted	State CT	Zip Code 06098
Principal Occupation Laborer	Name of Employer Mttl Total Tree Care LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? 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 12/09/2025	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Levesque	First Micayla	MI R	Contribution ID # 0009
Residential Street Address 11 Gibbs St # 9	City Winsted	State CT	Zip Code 06098
Principal Occupation Graphic Artist	Name of Employer Annie Selke		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? 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 12/09/2025	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name pavano	First Tammi	MI	Contribution ID # 0132
Residential Street Address Platt hill rd	City Winsted	State CT	Zip Code 06098
Principal Occupation Banker	Name of Employer Banker		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/09/2025	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

**I. MONETARY RECEIPTS (Section A-I)**

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

**B. Itemized Contributions from Individuals**

Last Name pavano	First Paul	MI	Contribution ID # 0138
Residential Street Address 365 Platt Hill Rd	City Winsted	State CT	Zip Code 06098
Principal Occupation Landscaping	Name of Employer Pauls cutting edge lawn care llc		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/10/2025	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name pavano	First Karen	MI	Contribution ID # 0137
Residential Street Address 365 Platt Hill Rd	City Winsted	State CT	Zip Code 06098
Principal Occupation Leave of Absence- HR Coordinator	Name of Employer CVS health		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/10/2025	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Carroll	First Diane	MI	Contribution ID # 0136
Residential Street Address 1032 Toringford West St	City Torrington	State CT	Zip Code 06790
Principal Occupation Realtor	Name of Employer The Washington Agency		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/10/2025	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Della Valle	First Jason	MI	Contribution ID # 0135
Residential Street Address 111 Chapel Td	City Winsted	State CT	Zip Code 06098
Principal Occupation Dormitories Manager/ Electrician	Name of Employer Kent School		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/10/2025	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

**I. MONETARY RECEIPTS (Section A-I)**

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

**B. Itemized Contributions from Individuals**

Last Name Boucino	First Melanie	MI	Contribution ID # 0134
Residential Street Address 666 E Wakefield Blvd	City Winsted	State CT	Zip Code 06098
Principal Occupation Nurse	Name of Employer Arden courts of Avon		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/10/2025
		Aggregate Contributions \$5.00	Amount of Contribution \$5.00

Last Name Boucino	First David	MI	Contribution ID # 0133
Residential Street Address 666 E Wakefield Blvd	City Winsted	State CT	Zip Code 06098
Principal Occupation Floor plan auditor	Name of Employer M&T bank		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/10/2025
		Aggregate Contributions \$5.00	Amount of Contribution \$5.00

Last Name Closson	First Janet	MI	Contribution ID # 0142
Residential Street Address 851 E Wakefield	City Winsted	State CT	Zip Code 06098
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/12/2025
		Aggregate Contributions \$5.00	Amount of Contribution \$5.00

Last Name Closson	First Craig	MI	Contribution ID # 0141
Residential Street Address 851 E Wakefield Blvd	City Winsted	State CT	Zip Code 06098
Principal Occupation Office manager	Name of Employer Part time town employee		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/12/2025
		Aggregate Contributions \$5.00	Amount of Contribution \$5.00

**I. MONETARY RECEIPTS (Section A-I)**

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

**B. Itemized Contributions from Individuals**

Last Name Sundie	First Bryan	MI	Contribution ID # 0140
Residential Street Address 152 Spencer Hill Rd	City Winsted	State CT	Zip Code 06098
Principal Occupation Communications	Name of Employer State of ct		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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 12/12/2025	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	

Last Name LaMere	First Troy	MI	Contribution ID # 0139
Residential Street Address 51 Morgan Dr	City Winsted	State CT	Zip Code 06098
Principal Occupation Street superintendent	Name of Employer Town of Norfolk		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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 12/12/2025	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	

Last Name Marchand	First Peter	MI L	Contribution ID # 0028
Residential Street Address 118 Sucker Brook Rd	City Winsted	State CT	Zip Code 06098
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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 12/12/2025	Aggregate Contributions \$5.00
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 \$5.00	

Last Name Marchand	First Noreen	MI B	Contribution ID # 0027
Residential Street Address 118 Sucker Brook Rd	City Winsted	State CT	Zip Code 06098
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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 12/12/2025	Aggregate Contributions \$5.00
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 \$5.00	

**I. MONETARY RECEIPTS (Section A-I)**

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

**B. Itemized Contributions from Individuals**

Last Name Neal	First Martha	MI F	Contribution ID # 0026
Residential Street Address 60 Shantry Rd	City Colebrook	State CT	Zip Code 06021
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/12/2025	Aggregate Contributions \$20.00
			Amount of Contribution \$20.00

Last Name Pelletier	First Andrea	MI	Contribution ID # 0147
Residential Street Address 36 Glendale Ave	City Winsted	State CT	Zip Code 06098
Principal Occupation Law Enforcement	Name of Employer State of Connecticut		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/13/2025	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Johnstone	First Chris	MI	Contribution ID # 0146
Residential Street Address 7 Deer Hill Rd	City Colebrook	State CT	Zip Code 06021
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/13/2025	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Johnstone	First Diane	MI	Contribution ID # 0145
Residential Street Address 7 Deer Hill Rd	City Colebrook	State CT	Zip Code 06021
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/13/2025	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

**I. MONETARY RECEIPTS (Section A-I)**

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

**B. Itemized Contributions from Individuals**

Last Name Pozzo	First William	MI	Contribution ID # 0144
Residential Street Address 155 Newfield Rd	City Winsted	State CT	Zip Code 06098
Principal Occupation Facilities Technician	Name of Employer Bomar		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/13/2025	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Pozzo	First Dee	MI	Contribution ID # 0143
Residential Street Address 155 Newfield Rd	City Winsted	State CT	Zip Code 06098
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/13/2025	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Lovetere	First Salvadore Joseph	MI	Contribution ID # 0016
Residential Street Address 103 1-2 Suckerbrook Rd	City Winchester	State CT	Zip Code 06098
Principal Occupation Electrician	Name of Employer Eagle Electric		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/14/2025	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Pound	First Diana	MI	Contribution ID # 0015
Residential Street Address 35 Cobb City Rd	City Colebrook	State CT	Zip Code 06021
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/14/2025	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

**I. MONETARY RECEIPTS (Section A-I)**

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

**B. Itemized Contributions from Individuals**

Last Name Pound	First Robert	MI	Contribution ID # 0014
Residential Street Address 35 Cobb City Rd	City Colebrook	State CT	Zip Code 06021
Principal Occupation Carpenter	Name of Employer Burlington Contruction		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/14/2025	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Sartirana	First Virginia	MI P	Contribution ID # 0013
Residential Street Address 174 Wallens St	City Winsted	State CT	Zip Code 06098
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/14/2025	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Sartirana	First Armand	MI	Contribution ID # 0012
Residential Street Address 174 Wallens St	City Winsted	State CT	Zip Code 06098
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/14/2025	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Sartirana	First Helen	MI J	Contribution ID # 0011
Residential Street Address 45 Millbrook Rd	City Colebrook	State CT	Zip Code 06021
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/14/2025	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

**I. MONETARY RECEIPTS (Section A-I)**

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

**B. Itemized Contributions from Individuals**

Last Name Lewis	First Mark	MI	Contribution ID # 0148
Residential Street Address 163 W Wakefield Blvd	City Winsted	State CT	Zip Code 06098
Principal Occupation Mechanic	Name of Employer Collinsville power equipment llc		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of 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 \$5.00
If yes, list Event #		Amount of Contribution \$5.00	

Last Name Andrews	First Georgi	MI	Contribution ID # 0149
Residential Street Address 117 Mountain Rd	City Winsted	State CT	Zip Code 06098
Principal Occupation Homemaker	Name of Employer Homemaker		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of 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 \$5.00
If yes, list Event #		Amount of Contribution \$5.00	

Last Name Sundie	First Tara	MI	Contribution ID # 0152
Residential Street Address 152 Spencer Hill Rd	City Winsted	State CT	Zip Code 06098
Principal Occupation Program Manager	Name of Employer Hartford Foundation for Public Giving		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/19/2025	Aggregate Contributions \$5.00
If yes, list Event #		Amount of Contribution \$5.00	

Last Name Brown	First Donovan	MI	Contribution ID # 0151
Residential Street Address 337 Colebrook River Rd	City Colebrook	State CT	Zip Code 06021
Principal Occupation Tree work	Name of Employer Browns tree service		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of 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 \$5.00
If yes, list Event #		Amount of Contribution \$5.00	

**I. MONETARY RECEIPTS (Section A-I)**

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

**B. Itemized Contributions from Individuals**

Last Name Brown	First Wendy	MI	Contribution ID # 0150
Residential Street Address 337 Colebrook River Rd	City Colebrook	State CT	Zip Code 06021
Principal Occupation Manager	Name of Employer Education connection		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 12/19/2025	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	

Last Name Scherer	First Sandi Lynn	MI	Contribution ID # 0158
Residential Street Address 16 Laurel St	City Winsted	State CT	Zip Code 06098
Principal Occupation Alumni Director	Name of Employer W.L Gilbert Trust Corporation		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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 12/20/2025	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	

Last Name Scherer	First Michael	MI	Contribution ID # 0157
Residential Street Address 16 Laurel St	City Winsted	State CT	Zip Code 06098
Principal Occupation Luthier	Name of Employer Gewa Music USA		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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 12/20/2025	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	

Last Name Napoleone	First Ruthie	MI	Contribution ID # 0156
Residential Street Address 132 Williams Ave	City Winsted	State CT	Zip Code 06098
Principal Occupation College counselor	Name of Employer Frederick Gunn school		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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 12/20/2025	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
CASE2026	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name Dutton	First Jeffrey	MI	Contribution ID # 0155
Residential Street Address 821 E Wakefield Blvd	City Winsted	State CT	Zip Code 06098
Principal Occupation Contractor	Name of Employer Dutton Builders		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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 12/20/2025	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	

Last Name Morelduboil	First Lucy	MI	Contribution ID # 0154
Residential Street Address 49 Bunnell St	City Colebrook	State CT	Zip Code 06021
Principal Occupation Teacher	Name of Employer American School for the Deaf		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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 12/20/2025	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	

Last Name Kennedy	First Kate	MI	Contribution ID # 0153
Residential Street Address 1 Center Brook Rd	City Colebrook	State CT	Zip Code 06021
Principal Occupation Body worker	Name of Employer Equine Muscle Therapy		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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 12/20/2025	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	

Last Name Ruwet	First Anne	MI	Contribution ID # 0159
Residential Street Address 1600 Tarringford St	City Torrington	State CT	Zip Code 06790
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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 12/21/2025	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
CASE2026	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Beadle</b>	First <b>Joseph</b>	MI	Contribution ID # <b>0162</b>
Residential Street Address <b>284 Florence St</b>	City <b>Winsted</b>	State <b>CT</b>	Zip Code <b>06098</b>
Principal Occupation <b>Consultant</b>	Name of Employer <b>Jensen Hughes</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>12/28/2025</b>	Aggregate Contributions <b>\$5.00</b>
		Amount of Contribution <b>\$5.00</b>	

Last Name <b>Kijek</b>	First <b>Carol</b>	MI	Contribution ID # <b>0161</b>
Residential Street Address <b>304 E Wakefield Blvd</b>	City <b>Winsted</b>	State <b>CT</b>	Zip Code <b>06098</b>
Principal Occupation <b>Dir of Legal Affairs</b>	Name of Employer <b>Bartlett Tree Experts</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>12/28/2025</b>	Aggregate Contributions <b>\$20.00</b>
		Amount of Contribution <b>\$20.00</b>	

Last Name <b>Daigle</b>	First <b>Harris</b>	MI	Contribution ID # <b>0160</b>
Residential Street Address <b>113 Buena Vista Ave</b>	City <b>Torrington</b>	State <b>CT</b>	Zip Code <b>06790</b>
Principal Occupation <b>Retirrd</b>	Name of Employer <b>retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>12/28/2025</b>	Aggregate Contributions <b>\$20.00</b>
		Amount of Contribution <b>\$20.00</b>	

Last Name <b>Rouleau</b>	First <b>Brigitte</b>	MI	Contribution ID # <b>0163</b>
Residential Street Address <b>136 Shore Dr</b>	City <b>Winsted</b>	State <b>CT</b>	Zip Code <b>06098</b>
Principal Occupation <b>IT leadership</b>	Name of Employer <b>Otis</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>12/29/2025</b>	Aggregate Contributions <b>\$20.00</b>
		Amount of Contribution <b>\$20.00</b>	

**I. MONETARY RECEIPTS (Section A-I)**

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

**B. Itemized Contributions from Individuals**

Last Name Hermenau	First Jason	MI	Contribution ID # 0164
Residential Street Address 325 Colebrook Rd	City Winchester	State CT	Zip Code 06098
Principal Occupation Dispatcher	Name of Employer State of Connecticut		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/30/2025	Aggregate Contributions \$20.00
			Amount of Contribution \$20.00

<b>Total of Section B</b>			<b>\$6,705.00</b>
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS</b>	(Sections A + B)	(Total on Line 14, Column A of Summary Page)	<b>\$6,705.00</b>

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
CASE2026	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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Amount of Contribution
City	State	Zip Code	Date Received
			Aggregate Contributions

<b>Total of Section C1</b>			
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**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE				TYPE OF REPORT	
CASE2026				January 10 Filing - Amendment	
<b>C2. Reimbursements or Surplus Distributions from other Committees</b>					
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				
<b>Total of Section C2</b>					

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE				TYPE OF REPORT		
CASE2026				January 10 Filing - Amendment		
<b>D. Loans Received this Period</b>						
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	Stat	Zip Code	<b>Amount Received</b>	
<b>Total of Section D</b>						

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	TYPE OF REPORT
CASE2026	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	
<b>Total of Section E</b>				

**I. Monetary Receipts (Section A-I)**

NAME OF COMMITTEE	TYPE OF REPORT
CASE2026	January 10 Filing - Amendment

**G. Interest from Deposits in Authorized Accounts**

Name of Institution	Date Received	Amount	
Street Address	City	State	Zip Code
<b>Total of Section G</b>			

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	TYPE OF REPORT
CASE2026	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		
<b>Total of Section H</b>			

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	TYPE OF REPORT
CASE2026	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
CASE2026	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 No	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.	
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 No	If yes, to Section J3 In-Kind Donations not Considered Contributions and complete required information.	
<b>Subpart 1:</b> Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	Yes No	(If yes, enter Total Receipts here.)	

**Total of Section J1**

**II. EVENT ACTIVITY (Sections J1 - J4)**

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

**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
CASE2026	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
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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
CASE2026	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	Fair Market Value of this Contribution
Type of Contributor:	Date Received	Aggregate contributions		
Individual Committee Sole Proprietorship				

**Total of Section K****III. Non Monetary Receipts (Sections K - L)**

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

**Total of Section L**

### IV. EXPENDITURES (Sections N - S)

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

#### N. Expenses Paid By Committee

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

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

**Total of Section N**

**\$405.67**

IV. EXPENDITURES (Sections N - S)						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					TYPE OF REPORT	
					January 10 Filing - 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	<b>Amount</b>
Purpose of Expenditure (by code)	Description			Event #		
<b>Total of Section O</b>						

IV. EXPENDITURES (Sections N - S)						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					TYPE OF REPORT	
CASE2026					January 10 Filing - Amendment	
P. Expenses Incurred on Committee Credit Card						
Name of Issuing Institution				Type of Credit Card:		
				Visa      Master Card      Discover      American Express  Other		
Name of Vendor					Date of Transaction	
Street Address			City	State	Zip Code	
Purpose of Expenditure (by code)	Description				<b>Amount</b>	
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 P						
<b>Total of Section P</b>						

**IV. EXPENDITURES (Sections N - S)**

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

<b>Total of Section Q</b>	
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### IV. EXPENDITURES (Sections N - S)

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

#### R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Bingham	First Dustin	MI	Date of Payment to Vendor 12/27/2025	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 90 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant USPS
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Street Address of Vendor 151 N Main St	City Bristol	State CT	Zip Code 06010
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Purpose of Expenditure (by code) POST	Description USPS Stamp Reimbursement
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and completes Itemization in Addendum R	Expenditure # (if applicable)	Event #	Amount \$312.00
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Last Name of Worker/Consultant Bingham	First Dustin	MI	Date of Payment to Vendor 12/27/2025	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 90 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant Dollar General Store
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Street Address of Vendor 106 North St	City Bristol	State CT	Zip Code 06010
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Purpose of Expenditure (by code) OFFICE	Description Postage Supplies Reimbursement
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and completes Itemization in Addendum R	Expenditure # (if applicable)	Event #	Amount \$93.67
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<b>Total of Section R</b>	<b>\$405.67</b>
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### IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
CASE2026	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				
<b>Total of Section S</b>				

#### 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

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

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

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