

**SEEC FORM 30**Itemized Campaign Finance Disclosure Statement  
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised February 2015



Electronic Filing

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Page 1 of 123

**COVER PAGE**

1. NAME OF COMMITTEE				2. TYPE OF COMMITTEE			
<b>Cristin McCarthy Vahey 2026</b>				<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee			
3. TREASURER NAME							
First <b>Eric</b>		MI	Last <b>Newman</b>			Suffix	
4. TREASURER ADDRESS							
Street Address <b>85 Eastfield Dr</b>			City <b>Fairfield</b>		State <b>CT</b>	Zip Code <b>06825</b>	
5. ELECTION DATE		6. OFFICE SOUGHT ( Complete only if Candidate Committee)				7. DISTRICT NUMBER ( if applicable )	
<b>11/03/2026</b>		<b>State Representative</b>				<b>R133</b>	
8. CANDIDATE NAME ( Complete only if Candidate or Exploratory Committee)							
First <b>Cristin</b>		MI	Last <b>McCarthy Vahey</b>			Suffix	
9. TYPE OF REPORT							
<b>January 10 Filing - Amendment</b>							
10. PERIOD COVERED							
Beginning Date		thru		Ending Date			
<b>10/27/2025</b>				<b>12/31/2025</b>			
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.							
<b>Electronic Filing</b>		<b>Eric Newman</b>			<b>05/11/2026 9:20:51PM</b>		
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>Cristin McCarthy Vahey 2026</b>	January 10 Filing - Amendment	
	<b>COLUMN A</b> This Period	<b>COLUMN B</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>\$7,085.00</b>	<b>\$7,085.00</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>\$7,085.00</b>	<b>\$7,085.00</b>
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	<b>\$7,085.00</b>	<b>\$7,085.00</b>
20. Expenses Paid by Committee (Section N)	<b>\$331.30</b>	<b>\$331.30</b>
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns )	<b>\$6,753.70</b>	<b>\$6,753.70</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
Cristin McCarthy Vahey 2026	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 <b>Newman</b>		First <b>Eric</b>		MI	Contribution ID # <b>0001</b>
Residential Street Address <b>85 Eastfield Dr</b>		City <b>Fairfield</b>		State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>CPA</b>			Name of Employer <b>City of Stamford</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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  <b>\$25.00</b>
Is this contribution associated 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 <b>11/22/2025</b>	Aggregate Contributions <b>\$25.00</b>	

Last Name <b>Newman</b>		First <b>Eric</b>		MI	Contribution ID # <b>0002</b>
Residential Street Address <b>85 Eastfield Dr</b>		City <b>Fairfield</b>		State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>Accountant</b>			Name of Employer <b>City of Stamford</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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  <b>\$10.00-</b>
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of 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>11/25/2025</b>	Aggregate Contributions <b>\$45.00-</b>	

Last Name <b>Newman</b>		First <b>Eric</b>		MI	Contribution ID # <b>0002</b>
Residential Street Address <b>85 Eastfield Dr</b>		City <b>Fairfield</b>		State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>Accountant</b>			Name of Employer <b>City of Stamford</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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  <b>\$10.00-</b>
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of 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>11/25/2025</b>	Aggregate Contributions <b>\$45.00-</b>	

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Newman</b>		First <b>Eric</b>		MI	Contribution ID # <b>0002</b>
Residential Street Address <b>85 Eastfield Dr</b>		City <b>Fairfield</b>		State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>Accountant</b>			Name of Employer <b>City of Stamford</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>11/25/2025</b>	
				Aggregate Contributions <b>\$45.00</b>	<b>\$10.00</b>

Last Name <b>Newman</b>		First <b>Eric</b>		MI	Contribution ID # <b>0003</b>
Residential Street Address <b>85 Eastfield Dr</b>		City <b>Fairfield</b>		State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>Accountant</b>			Name of Employer <b>City of Stamford</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>11/26/2025</b>	
				Aggregate Contributions <b>\$55.00</b>	<b>\$10.00</b>

Last Name <b>Newman</b>		First <b>Eric</b>		MI	Contribution ID # <b>0003</b>
Residential Street Address <b>85 Eastfield Dr</b>		City <b>Fairfield</b>		State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>Accountant</b>			Name of Employer <b>City of Stamford</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>11/26/2025</b>	
				Aggregate Contributions <b>\$55.00-</b>	<b>\$10.00-</b>

Last Name <b>Newman</b>		First <b>Eric</b>		MI	Contribution ID # <b>0003</b>
Residential Street Address <b>85 Eastfield Dr</b>		City <b>Fairfield</b>		State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>Accountant</b>			Name of Employer <b>City of Stamford</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>11/26/2025</b>	
				Aggregate Contributions <b>\$55.00-</b>	<b>\$10.00-</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name Vahey	First Emma	MI	Contribution ID # 0035
Residential Street Address 322 Graham Ave	City Brooklyn	State NY	Zip Code 11211
Principal Occupation Privacy Analyst	Name of Employer Live Nation Entertainment		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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 \$25.00
			Amount of Contribution \$25.00

Last Name Vahey	First Brian	MI	Contribution ID # 0036
Residential Street Address 1625 Melville Ave	City Fairfield	State CT	Zip Code 06825
Principal Occupation Consultant	Name of Employer RSRD 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 \$100.00
			Amount of Contribution \$100.00

Last Name Smith	First Tanya	MI	Contribution ID # 0004
Residential Street Address 234 Stonybrook Rd	City Fairfield	State CT	Zip Code 06824
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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 12/14/2025	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Karson	First Laura	MI	Contribution ID # 0005
Residential Street Address 187 Buena Vista Rd	City Fairfield	State CT	Zip Code 06825
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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 12/14/2025	Aggregate Contributions \$40.00
			Amount of Contribution \$40.00

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>OBrien</b>	First <b>Laura</b>	MI	Contribution ID # <b>0006</b>
Residential Street Address <b>178 Glengarry Rd</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>Retired</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>12/14/2025</b>	Aggregate Contributions <b>\$50.00</b>
		Amount of Contribution <b>\$50.00</b>	

Last Name <b>Knorr</b>	First <b>Reinhild</b>	MI	Contribution ID # <b>0007</b>
Residential Street Address <b>3845 Park Ave</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>Travel Advisor</b>	Name of Employer <b>Boat Bike Tours North America Inc.</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>12/14/2025</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <b>Fifick</b>	First <b>Anne</b>	MI	Contribution ID # <b>0008</b>
Residential Street Address <b>186 Samp Mortar Dr</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06824</b>
Principal Occupation <b>Retired</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>12/14/2025</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <del><b>Rosenbaum</b></del>	First <del><b>Julie</b></del>	MI	Contribution ID # <del><b>0009</b></del>
Residential Street Address <del><b>321 Buena Vista Rd</b></del>	City <del><b>Fairfield</b></del>	State <del><b>CT</b></del>	Zip Code <del><b>06825</b></del>
Principal Occupation <del><b>Retired</b></del>	Name of Employer <del><b>None</b></del>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <del><b>12/14/2025</b></del>	Aggregate Contributions <del><b>\$100.00</b></del>
		Amount of Contribution <del><b>\$50.00</b></del>	

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

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

**B. Itemized Contributions from Individuals**

Last Name Hopf	First William	MI	Contribution ID # 0010
Residential Street Address 285 Hemlock Hills Rd N .	City Fairfield	State CT	Zip Code 06824
Principal Occupation Management Consultant	Name of Employer Bill Hopf Consulting LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 12/14/2025	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 O' Gara	First Kate	MI	Contribution ID # 0011
Residential Street Address 8 Sterling St	City Fairfield	State CT	Zip Code 06825
Principal Occupation Adjunct professor	Name of Employer Sacred Heart University		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 12/14/2025	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 <del>Kenny</del>	First <del>Kelly</del>	MI	Contribution ID # <del>0012</del>
Residential Street Address <del>375 Buena Vista Rd</del>	City <del>Fairfield</del>	State <del>CT</del>	Zip Code <del>06825</del>
Principal Occupation <del>School Secretary</del>	Name of Employer <del>CT</del>		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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 <del>12/14/2025</del>	Aggregate Contributions <del>\$200.00-</del>
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 <del>\$100.00-</del>	

Last Name Pollack	First William	MI	Contribution ID # 0013
Residential Street Address 74 Woodside Cir	City Fairfield	State CT	Zip Code 06825
Principal Occupation Landscape Architect	Name of Employer Keith E Simpson Associates		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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 12/14/2025	Aggregate Contributions \$50.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$50.00	

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

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

**B. Itemized Contributions from Individuals**

Last Name Spelman	First Juliette	MI	Contribution ID # 0014
Residential Street Address 254 Old Oaks Rd	City Fairfield	State CT	Zip Code 06825
Principal Occupation Physician	Name of Employer Veterans affairs		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input 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 12/14/2025	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	

Last Name Lake	First Mary	MI	Contribution ID # 0015
Residential Street Address 10 Linley Dr	City Fairfield	State CT	Zip Code 06825
Principal Occupation Attorney	Name of Employer Edgewell Personal Care 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 #		Date Received 12/14/2025	Aggregate Contributions \$75.00
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 \$75.00	

Last Name Fichera	First Mary Ann and Tom	MI	Contribution ID # 0016
Residential Street Address 1328 Melville Ave	City Fairfield	State CT	Zip Code 06825
Principal Occupation Teacher, DSS Eligibility Supervisor	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 #		Date Received 12/14/2025	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 \$50.00-	

Last Name Keitt	First Sarah	MI	Contribution ID # 0017
Residential Street Address 538 Winnepogee Dr	City Fairfield	State CT	Zip Code 06825
Principal Occupation State Representative	Name of Employer CT General Assembly		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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 12/14/2025	Aggregate Contributions \$50.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$50.00	

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Brown</b>	First <b>K</b>	MI	Contribution ID # <b>0018</b>
Residential Street Address <b>26 Pine Creek Ave</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06824</b>
Principal Occupation <b>Retired</b>	Name of Employer <b>Retired</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? <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 <b>12/14/2025</b>	Aggregate Contributions <b>\$80.00-</b>
If yes, list Event #		Amount of Contribution <b>\$40.00-</b>	

Last Name <b>Jacobs</b>	First <b>Richard</b>	MI	Contribution ID # <b>0019</b>
Residential Street Address <b>119 Limerick Rd</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06824</b>
Principal Occupation <b>Photo. Graphic design</b>	Name of Employer <b>Delara Comm</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? <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 <b>12/14/2025</b>	Aggregate Contributions <b>\$10.00</b>
If yes, list Event #		Amount of Contribution <b>\$10.00</b>	

Last Name <b>Ridgeway</b>	First <b>Ruth</b>	MI	Contribution ID # <b>0020</b>
Residential Street Address <b>1636 Melville Ave</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>Event Designer</b>	Name of Employer <b>Ruth Ridgeway Designs</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? <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 <b>12/14/2025</b>	Aggregate Contributions <b>\$250.00</b>
If yes, list Event #		Amount of Contribution <b>\$250.00</b>	

Last Name <b>Coyne</b>	First <b>Susan</b>	MI	Contribution ID # <b>0021</b>
Residential Street Address <b>401 Davis Rd</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>Marketing</b>	Name of Employer <b>DigniFi</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? <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 <b>12/14/2025</b>	Aggregate Contributions <b>\$20.00</b>
If yes, list Event #		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
Cristin McCarthy Vahey 2026	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Brown</b>	First <b>Karen</b>	MI	Contribution ID # <b>0018</b>
Residential Street Address <b>26 Pine Creek Ave</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06824</b>
Principal Occupation <b>Retired</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>12/14/2025</b>	Aggregate Contributions <b>\$40.00</b>
		Amount of Contribution <b>\$40.00</b>	

Last Name <b>Fichera</b>	First <b>Mary Ann</b>	MI	Contribution ID # <b>0016</b>
Residential Street Address <b>1328 Melville Ave</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>Teacher, DSS Eligibility Supervisor</b>	Name of Employer <b>Fairfield Public Schools</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>12/14/2025</b>	Aggregate Contributions <b>\$50.00</b>
		Amount of Contribution <b>\$50.00</b>	

Last Name <b>Kenny</b>	First <b>Kelly</b>	MI	Contribution ID # <b>0012</b>
Residential Street Address <b>375 Buena Vista Rd</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>School Secretary</b>	Name of Employer <b>Fairfield Public Schools</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>12/14/2025</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <b>Rosenbaum</b>	First <b>Julie</b>	MI	Contribution ID # <b>0009</b>
Residential Street Address <b>321 Buena Vista Rd</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>Retired</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>12/14/2025</b>	Aggregate Contributions <b>\$50.00</b>
		Amount of Contribution <b>\$50.00</b>	

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Knorr</b>	First <b>Michael</b>	MI	Contribution ID # <b>0034</b>
Residential Street Address <b>3845 Park Ave</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>Financial Services</b>	Name of Employer <b>The Clearing House</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>12/15/2025</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <b>Duarte</b>	First <b>Daryl</b>	MI	Contribution ID # <b>0033</b>
Residential Street Address <b>274 Inwood Rd</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>Office Manager</b>	Name of Employer <b>DMSsitedesign</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>12/15/2025</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <b>Halpert</b>	First <b>Marc</b>	MI	Contribution ID # <b>0032</b>
Residential Street Address <b>344 Autumn Ridge Rd</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>Consultant</b>	Name of Employer <b>Connect2collaborate</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>12/15/2025</b>	Aggregate Contributions <b>\$20.00</b>
		Amount of Contribution <b>\$20.00</b>	

Last Name <b>Norton</b>	First <b>Samantha</b>	MI	Contribution ID # <b>0026</b>
Residential Street Address <b>1401 Kings Hwy</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06824</b>
Principal Occupation <b>Director of Communications</b>	Name of Employer <b>Connecticut State Colleges &amp; Universities</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>12/15/2025</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
Cristin McCarthy Vahey 2026	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name DeSantis	First Vanessa	MI	Contribution ID # 0022
Residential Street Address 229 Lockwood Rd	City Fairfield	State CT	Zip Code 06825
Principal Occupation Senior Academic Designer	Name of Employer McGraw Hill Education		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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 12/15/2025	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 Diamond	First Craig	MI	Contribution ID # 0023
Residential Street Address 717 Rolling Hills Dr	City Fairfield	State CT	Zip Code 06824
Principal Occupation Professor	Name of Employer Sacred Heart University		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 12/15/2025	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 Brogan	First Christopher	MI	Contribution ID # 0024
Residential Street Address 90 Southwood Rd	City Fairfield	State CT	Zip Code 06825
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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 12/15/2025	Aggregate Contributions \$50.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$50.00	

Last Name Blanchard	First Robert	MI	Contribution ID # 0025
Residential Street Address 1401 Kings Hwy	City Fairfield	State CT	Zip Code 06824
Principal Occupation Director of Communications	Name of Employer State of CT - Office of the Governor		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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 12/15/2025	Aggregate Contributions \$50.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$50.00	

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Norton</b>	First <b>Samantha</b>	MI	Contribution ID # <b>0026</b>
Residential Street Address <b>1401 Kings Hwy</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06824</b>
Principal Occupation <b>Director of Communications</b>	Name of Employer <b>ESCU</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>12/15/2025</b>	Aggregate Contributions <b>\$50.00-</b> <b>\$25.00-</b>

Last Name <b>Galdenzi</b>	First <b>Jeff</b>	MI	Contribution ID # <b>0027</b>
Residential Street Address <b>118 Green Knolls Ln</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06824</b>
Principal Occupation <b>Unemployed</b>	Name of Employer <b>Unemployed</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>12/15/2025</b>	Aggregate Contributions <b>\$5.00</b> <b>\$5.00</b>

Last Name <b>Ruppert</b>	First <b>Peter</b>	MI	Contribution ID # <b>0028</b>
Residential Street Address <b>180 Warwick Ave</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>Educator</b>	Name of Employer <b>Bridgeport Board of Education</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>12/15/2025</b>	Aggregate Contributions <b>\$125.00</b> <b>\$125.00</b>

Last Name <b>Ruppert</b>	First <b>Kathleen</b>	MI	Contribution ID # <b>0029</b>
Residential Street Address <b>180 Warwick Ave</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>Educator</b>	Name of Employer <b>Fairfield Board of Education</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>12/15/2025</b>	Aggregate Contributions <b>\$125.00</b> <b>\$125.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Brooks</b>	First <b>Martha</b>	MI	Contribution ID # <b>0030</b>
Residential Street Address <b>1821 Jennings Rd</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06824</b>
Principal Occupation <b>Retired</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>12/15/2025</b>	Aggregate Contributions <b>\$25.00</b>
		Amount of Contribution <b>\$25.00</b>	

Last Name <b>Moore</b>	First <b>Maryalice</b>	MI	Contribution ID # <b>0031</b>
Residential Street Address <b>380 Old Oaks Rd</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>publisher</b>	Name of Employer <b>highlights for children</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>12/15/2025</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <del><b>Halpert</b></del>	First <del><b>Marc</b></del>	MI	Contribution ID # <del><b>0032</b></del>
Residential Street Address <del><b>344 Autumn Ridge Rd</b></del>	City <del><b>Fairfield</b></del>	State <del><b>CT</b></del>	Zip Code <del><b>06825</b></del>
Principal Occupation <del><b>Consultant</b></del>	Name of Employer <del><b>Self employed connect2collaborate</b></del>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <del><b>12/15/2025</b></del>	Aggregate Contributions <del><b>\$40.00</b></del>
		Amount of Contribution <del><b>\$20.00</b></del>	

Last Name <del><b>Duarte</b></del>	First <del><b>Daryl</b></del>	MI	Contribution ID # <del><b>0033</b></del>
Residential Street Address <del><b>274 Inwood Rd</b></del>	City <del><b>Fairfield</b></del>	State <del><b>CT</b></del>	Zip Code <del><b>06825</b></del>
Principal Occupation <del><b>Office Manager</b></del>	Name of Employer <del><b>Self</b></del>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <del><b>12/15/2025</b></del>	Aggregate Contributions <del><b>\$200.00</b></del>
		Amount of Contribution <del><b>\$100.00</b></del>	

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Knorr</b>	First <b>Michael</b>	MI	Contribution ID # <b>0034</b>
Residential Street Address <b>3845 Park Ave</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>Financial Services</b>	Name of Employer <b>CF</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>12/15/2025</b>	Aggregate Contributions <b>\$200.00-</b> <b>\$100.00-</b>

Last Name <b>Flynn</b>	First <b>Kevin</b>	MI	Contribution ID # <b>0037</b>
Residential Street Address <b>67 Sachem Rd</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>CSR</b>	Name of Employer <b>CT Labor Department</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>12/16/2025</b>	Aggregate Contributions <b>\$50.00</b> <b>\$50.00</b>

Last Name <b>Pires</b>	First <b>Philip</b>	MI	Contribution ID # <b>0038</b>
Residential Street Address <b>69 Stoneleigh Rd</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>Attorney</b>	Name of Employer <b>Cohen and Wolf, P.C.</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>12/17/2025</b>	Aggregate Contributions <b>\$100.00</b> <b>\$100.00</b>

Last Name <b>Corcoran</b>	First <b>Mark</b>	MI	Contribution ID # <b>0039</b>
Residential Street Address <b>1213 Fairfield Woods Rd</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>ReTired</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>12/17/2025</b>	Aggregate Contributions <b>\$100.00</b> <b>\$100.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name Epner	First Elise	MI	Contribution ID # 0040
Residential Street Address 36 Pequot Rd	City Fairfield	State CT	Zip Code 06825
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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 \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Callahan	First Eileen	MI	Contribution ID # 0041
Residential Street Address 66 Jackman Ave	City Fairfield	State CT	Zip Code 06825
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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 \$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	

Last Name Martin	First Michael	MI	Contribution ID # 0042
Residential Street Address 520 Lake Ave	City Bridgeport	State CT	Zip Code 06605
Principal Occupation Civil Engineer	Name of Employer O & G Industries		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 12/22/2025	Aggregate Contributions \$50.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$50.00	

Last Name Edinberg	First Barbara	MI	Contribution ID # 0043
Residential Street Address 145 Marne Ave	City Fairfield	State CT	Zip Code 06825
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 12/22/2025	Aggregate Contributions \$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
Cristin McCarthy Vahey 2026	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Braman</b>	First <b>Leonard</b>	MI	Contribution ID # <b>0044</b>
Residential Street Address <b>1405 Round Hill Rd</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06824</b>
Principal Occupation <b>Attorney</b>	Name of Employer <b>Wofsey Rosen Kveskin &amp; Kuriansky LLP</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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of 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>12/27/2025</b>	Aggregate Contributions <b>\$25.00</b>
		Amount of Contribution <b>\$25.00</b>	

Last Name <b>Curley</b>	First <b>Craig</b>	MI	Contribution ID # <b>0045</b>
Residential Street Address <b>109 Lakewood Dr</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06824</b>
Principal Occupation <b>Commercial Banker</b>	Name of Employer <b>Bank of America</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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of 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>12/27/2025</b>	Aggregate Contributions <b>\$50.00</b>
		Amount of Contribution <b>\$50.00</b>	

Last Name <b>Drewniak</b>	First <b>Erik</b>	MI	Contribution ID # <b>0046</b>
Residential Street Address <b>1003 Tunxis Hill Rd .</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>Attorney</b>	Name of Employer <b>Baute Crochetiere Hartley &amp; McCoy LLP</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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of 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>12/27/2025</b>	Aggregate Contributions <b>\$50.00</b>
		Amount of Contribution <b>\$50.00</b>	

Last Name <b>Caulfield</b>	First <b>Katherine</b>	MI	Contribution ID # <b>0047</b>
Residential Street Address <b>275 Fairland Dr</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>Probate judge</b>	Name of Employer <b>State of CT</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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of 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>12/27/2025</b>	Aggregate Contributions <b>\$50.00</b>
		Amount of Contribution <b>\$50.00</b>	

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

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

**B. Itemized Contributions from Individuals**

Last Name Georgiadis	First Dru	MI	Contribution ID # 0048
Residential Street Address 321 Puritan Rd	City Fairfield	State CT	Zip Code 06824
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 12/27/2025	Aggregate Contributions \$75.00
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 \$75.00	

Last Name Ellwanger	First Bob & Peg	MI	Contribution ID # 0049
Residential Street Address 85 Sasapequan Rd	City Fairfield	State CT	Zip Code 06824
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 12/27/2025	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Kanter	First Danielle	MI	Contribution ID # 0050
Residential Street Address 11 Myren St	City Fairfield	State CT	Zip Code 06824
Principal Occupation Student	Name of Employer Student		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 12/27/2025	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 McCarthy	First Thomas	MI	Contribution ID # 0051
Residential Street Address 130 E Eaton St	City Bridgeport	State CT	Zip Code 06604
Principal Occupation Director of HR.	Name of Employer Town of Trumbull		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 12/27/2025	Aggregate Contributions \$150.00
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
Cristin McCarthy Vahey 2026	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name Clark	First Robert	MI	Contribution ID # 0052
Residential Street Address 231 Jeniford Rd	City Fairfield	State CT	Zip Code 06824
Principal Occupation Partner	Name of Employer Clark Chandler Mills		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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 12/27/2025	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Brown	First Marcus	MI	Contribution ID # 0053
Residential Street Address 1705 Capitol Ave	City Bridgeport	State CT	Zip Code 06604
Principal Occupation State Representative	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 #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/27/2025	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Berecz	First Steve	MI	Contribution ID # 0054
Residential Street Address 61 Vermont Ave	City Fairfield	State CT	Zip Code 06824
Principal Occupation Retired Teacher	Name of Employer Retired Teacher		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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 12/27/2025	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name <del>Luciano</del>	First <del>Joseph</del>	MI	Contribution ID # <del>0055</del>
Residential Street Address <del>857 Gilman St</del>	City <del>Bridgeport</del>	State <del>CT</del>	Zip Code <del>06605</del>
Principal Occupation <del>Executive with Software Company</del>	Name of Employer <del>CT</del>		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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 <del>12/27/2025</del>	Aggregate Contributions <del>\$100.00</del>
			Amount of Contribution <del>\$50.00</del>

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

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

**B. Itemized Contributions from Individuals**

Last Name Delgado	First Jonathan	MI	Contribution ID # 0056
Residential Street Address 72 Roanoke Ave	City Fairfield	State CT	Zip Code 06824
Principal Occupation Deputy Director, OPED	Name of Employer City of Bridgeport		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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 12/27/2025	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name <del>Twomey-Donne</del>	First <del>Nancy</del>	MI	Contribution ID # <del>0057</del>
Residential Street Address 54 Cedarhurst Ln	City Fairfield	State CT	Zip Code 06825
Principal Occupation Project manager	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 <del>12/27/2025</del>	Aggregate Contributions <del>\$50.00</del>
			Amount of Contribution <del>\$25.00</del>

Last Name Kelly	First Alice	MI	Contribution ID # 0058
Residential Street Address 113 Sky Top Dr	City Fairfield	State CT	Zip Code 06825
Principal Occupation Clinical Social Worker	Name of Employer Alice Z Kelly, LCSW		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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 12/27/2025	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name McCarthy	First Thomas	MI	Contribution ID # 0059
Residential Street Address 130 E Eaton St	City Bridgeport	State CT	Zip Code 06604
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 12/27/2025	Aggregate Contributions \$150.00
			Amount of Contribution \$50.00

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

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

**B. Itemized Contributions from Individuals**

Last Name Kent	First Alyssa	MI	Contribution ID # 0060
Residential Street Address 186 White Oak Rd	City Fairfield	State CT	Zip Code 06825
Principal Occupation Architect and Real Estate Developer	Name of Employer Baywater Properties		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/27/2025	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Vaughan	First Victor	MI	Contribution ID # 0061
Residential Street Address 514 Davis Rd	City Fairfield	State CT	Zip Code 06825
Principal Occupation Association Management	Name of Employer Liberty Square Group		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input 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 12/27/2025	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Crossin	First Margaret	MI	Contribution ID # 0062
Residential Street Address 350 Grovers Ave	City Bridgeport	State CT	Zip Code 06605
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 12/27/2025	Aggregate Contributions \$10.00
			Amount of Contribution \$10.00

Last Name Reynolds	First Alina	MI	Contribution ID # 0063
Residential Street Address 35 Sedan Ter	City Fairfield	State CT	Zip Code 06825
Principal Occupation Lawyer	Name of Employer Church World Service, 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 12/27/2025	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
Cristin McCarthy Vahey 2026	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Reynolds</b>	First <b>Steve</b>	MI	Contribution ID # <b>0064</b>
Residential Street Address <b>35 Sedan Ter</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>Attorney</b>	Name of Employer <b>Best Match Corporation</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>12/27/2025</b>	Aggregate Contributions <b>\$50.00</b>
		Amount of Contribution <b>\$50.00</b>	

Last Name <b>Luciano</b>	First <b>Joseph</b>	MI	Contribution ID # <b>0055</b>
Residential Street Address <b>857 Gilman St</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Executive with Software Company</b>	Name of Employer <b>Fishbowl</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>12/27/2025</b>	Aggregate Contributions <b>\$50.00</b>
		Amount of Contribution <b>\$50.00</b>	

Last Name <b>Twomey Donne</b>	First <b>Nancy</b>	MI	Contribution ID # <b>0057</b>
Residential Street Address <b>54 Cedarhurst Ln</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>Project manager</b>	Name of Employer <b>Mamcy Twomey Donne PMP</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>12/27/2025</b>	Aggregate Contributions <b>\$25.00</b>
		Amount of Contribution <b>\$25.00</b>	

Last Name <b>Rock</b>	First <b>Elisabeth</b>	MI	Contribution ID # <b>0069</b>
Residential Street Address <b>535 Hoydens Hill Rd</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06824</b>
Principal Occupation <b>Mediator/Arbitrator</b>	Name of Employer <b>EMC Mediation Solutions</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>\$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
Cristin McCarthy Vahey 2026	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name McKinnis	First David	MI	Contribution ID # 0065
Residential Street Address 301 Sasco Hill Rd	City Fairfield	State CT	Zip Code 06824
Principal Occupation Software Engineer Consultant	Name of Employer David McKinnis Consulting, LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/28/2025	Aggregate Contributions \$100.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$100.00

Last Name Stamler	First Ann	MI	Contribution ID # 0066
Residential Street Address 411 Stratfield Rd	City Fairfield	State CT	Zip Code 06825-1873
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 12/28/2025	Aggregate Contributions \$25.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$25.00

Last Name Mason	First Sarah	MI	Contribution ID # 0067
Residential Street Address 15 Phye Rd	City Fairfield	State CT	Zip Code 06824
Principal Occupation Constituent relations	Name of Employer Town of Fairfield		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <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 12/28/2025	Aggregate Contributions \$25.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$25.00

Last Name Griffin	First Kathleen	MI	Contribution ID # 0068
Residential Street Address 15 Stonybrook Rd	City Fairfield	State CT	Zip Code 06824
Principal Occupation Operations Assistant	Name of Employer Fairfield University		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 12/28/2025	Aggregate Contributions \$50.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$50.00

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Rock</b>	First <b>Elisabeth</b>	MI	Contribution ID # <b>0069</b>
Residential Street Address <b>535 Hoydens Hill Rd</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06824</b>
Principal Occupation <b>Mediator/Arbitrator</b>	Name of Employer <b>Self-employed</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>\$50.00-</b> <b>\$25.00-</b>

Last Name <b>Rock</b>	First <b>Dave</b>	MI	Contribution ID # <b>0070</b>
Residential Street Address <b>535 Hoydens Hill Rd</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06824</b>
Principal Occupation <b>Owner</b>	Name of Employer <b>Dave's Gourmet Paletas</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>\$25.00</b> <b>\$25.00</b>

Last Name <b>Pistilli</b>	First <b>Todd</b>	MI	Contribution ID # <b>0071</b>
Residential Street Address <b>107 Lota Dr</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>HR Director</b>	Name of Employer <b>Omnicom</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> <b>\$5.00</b>

Last Name <b>Ratzki</b>	First <b>Pierre</b>	MI	Contribution ID # <b>0072</b>
Residential Street Address <b>105 Westford Dr .</b>	City <b>Southport</b>	State <b>CT</b>	Zip Code <b>06890</b>
Principal Occupation <b>Lawyer</b>	Name of Employer <b>Weitz &amp; Luxenberg PC</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>\$40.00</b> <b>\$40.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name von Euler	First Nancy	MI	Contribution ID # 0073
Residential Street Address 92 Daves Ln	City Southport	State CT	Zip Code 06890
Principal Occupation CEO	Name of Employer NCC Foundation		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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 12/28/2025	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Ulman	First Beth	MI	Contribution ID # 0074
Residential Street Address 124 Bayberry Rd	City Fairfield	State CT	Zip Code 06825
Principal Occupation Executive Director	Name of Employer Greater Connecticut Youth Orchestras		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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 12/28/2025	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Stanton	First Nicole	MI	Contribution ID # 0075
Residential Street Address 1041 Burroughs Rd	City Fairfield	State CT	Zip Code 06825
Principal Occupation Content writer	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 12/28/2025	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Roy	First Sarah	MI	Contribution ID # 0076
Residential Street Address 3 Buena Vista Rd	City Fairfield	State CT	Zip Code 06825
Principal Occupation Outreach & Engagement Specialist	Name of Employer AECOM		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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 12/28/2025	Aggregate Contributions \$10.00
			Amount of Contribution \$10.00

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Noble</b>	First <b>Mark</b>	MI	Contribution ID # <b>0077</b>
Residential Street Address <b>435 Cedar Rd</b>	City <b>Southport</b>	State <b>CT</b>	Zip Code <b>06890</b>
Principal Occupation <b>Chief Marketing Officer</b>	Name of Employer <b>Live Better Hearing + Balance</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>\$25.00</b>
		Amount of Contribution <b>\$25.00</b>	

Last Name <b>Ulman</b>	First <b>Stephen</b>	MI	Contribution ID # <b>0078</b>
Residential Street Address <b>124 Bayberry Rd</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>Retired</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>\$25.00</b>
		Amount of Contribution <b>\$25.00</b>	

Last Name <b>Gleason</b>	First <b>Ryan</b>	MI	Contribution ID # <b>0079</b>
Residential Street Address <b>1652 Melville Ave</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>Teacher</b>	Name of Employer <b>Ridgefield Public Schools</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>\$25.00</b>
		Amount of Contribution <b>\$25.00</b>	

Last Name <b>Lynch</b>	First <b>Rob</b>	MI	Contribution ID # <b>0080</b>
Residential Street Address <b>233 Ridgeview Ave</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>CEO - Cosmetics component supplier.</b>	Name of Employer <b>Apogee Development, LLC</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>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

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

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

**B. Itemized Contributions from Individuals**

Last Name Zezima	First Elizabeth	MI	Contribution ID # 0081
Residential Street Address 160 Fairfield Woods Rd	City Fairfield	State CT	Zip Code 06825
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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 12/28/2025	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Lewis	First Todd	MI	Contribution ID # 0082
Residential Street Address 95 Louvain St	City Fairfield	State CT	Zip Code 06825
Principal Occupation Sales	Name of Employer International Marketing Systems		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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 12/28/2025	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Nickel	First Scott	MI	Contribution ID # 0083
Residential Street Address 588 Katona Dr	City Fairfield	State CT	Zip Code 06824
Principal Occupation Insurance agent	Name of Employer AssuredPartners		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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 12/28/2025	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Sisler	First Diana	MI	Contribution ID # 0084
Residential Street Address 338 Bennett St	City Fairfield	State CT	Zip Code 06825
Principal Occupation Consultant	Name of Employer IFS LLC (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 12/28/2025	Aggregate Contributions \$10.00
			Amount of Contribution \$10.00

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

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

**B. Itemized Contributions from Individuals**

Last Name Romeo	First Katie	MI	Contribution ID # 0085
Residential Street Address 237 Greenfield St	City Fairfield	State CT	Zip Code 06825
Principal Occupation Mother	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 12/28/2025	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Spolyar	First John	MI	Contribution ID # 0086
Residential Street Address 110 Brookridge Ave	City Fairfield	State CT	Zip Code 06825
Principal Occupation Product Owner	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 12/28/2025	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Bayers	First John	MI	Contribution ID # 0087
Residential Street Address 1745 Congress St	City Fairfield	State CT	Zip Code 06824
Principal Occupation Head of Human Resources	Name of Employer Westport Board of Education		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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 12/28/2025	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Pida	First Michael	MI	Contribution ID # 0088
Residential Street Address 24 Dwight St	City Fairfield	State CT	Zip Code 06824
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/28/2025	Aggregate Contributions \$10.00
			Amount of Contribution \$10.00

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

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

**B. Itemized Contributions from Individuals**

Last Name Desai	First Hemangini	MI	Contribution ID # 0089
Residential Street Address 91 Ridgeview Ave	City Fairfield	State CT	Zip Code 06825
Principal Occupation PM	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 12/28/2025	Aggregate Contributions \$10.00
			Amount of Contribution \$10.00

Last Name Pistilli	First Sharon	MI	Contribution ID # 0090
Residential Street Address 107 Lota Dr	City Fairfield	State CT	Zip Code 06825
Principal Occupation Director	Name of Employer Aon		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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 12/28/2025	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Di Carlo	First Christian	MI	Contribution ID # 0091
Residential Street Address 1605 Melville Ave	City Fairfield	State CT	Zip Code 06825-2044
Principal Occupation Police officer	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 12/28/2025	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Randolph	First Jeff	MI	Contribution ID # 0092
Residential Street Address 20 Cedar Woods Ln	City Fairfield	State CT	Zip Code 06825
Principal Occupation Real Estate Development	Name of Employer Bluecup Ventures 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 12/28/2025	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
Cristin McCarthy Vahey 2026	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name Pendley	First Shane	MI	Contribution ID # 0093
Residential Street Address 343 Sturges Rd	City Fairfield	State CT	Zip Code 06824
Principal Occupation Financial Advisor	Name of Employer 5th Street Advisors		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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 12/28/2025	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 Pendley	First Sofia	MI	Contribution ID # 0094
Residential Street Address 343 Sturges Rd	City Fairfield	State CT	Zip Code 06824
Principal Occupation Professor	Name of Employer Icahn School of Medicine at Mount Sinai		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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 12/28/2025	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 Cook-Littman	First Tara	MI	Contribution ID # 0095
Residential Street Address 5460 Congress St	City Fairfield	State CT	Zip Code 06824
Principal Occupation Unemployed	Name of Employer Unemployed		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 12/28/2025	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Littman	First Owen	MI	Contribution ID # 0096
Residential Street Address 5460 Congress St	City Fairfield	State CT	Zip Code 06824
Principal Occupation Lawyer	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 12/28/2025	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
Cristin McCarthy Vahey 2026	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name Vitale	First Christine	MI	Contribution ID # 0097
Residential Street Address 254 Verna Hill Rd	City Fairfield	State CT	Zip Code 06824
Principal Occupation Elected official	Name of Employer Town of Fairfield		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <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 12/28/2025	Aggregate Contributions \$25.00
			\$25.00

Last Name Klein	First Sheri	MI	Contribution ID # 0098
Residential Street Address 349 Grandview Rd	City Fairfield	State CT	Zip Code 06825
Principal Occupation Advocacy consultant	Name of Employer We are RALLY		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <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 12/29/2025	Aggregate Contributions \$100.00
			\$100.00

Last Name Littman	First Ava	MI	Contribution ID # 0099
Residential Street Address 5460 Congress St	City Fairfield	State CT	Zip Code 06824
Principal Occupation Student	Name of Employer Student		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/29/2025	Aggregate Contributions \$25.00
			\$25.00

Last Name Baptista	First Albertina	MI	Contribution ID # 0100
Residential Street Address 145 Robin St	City Bridgeport	State CT	Zip Code 06606
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	
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 12/29/2025	Aggregate Contributions \$25.00
			\$25.00

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Barron</b>	First <b>Emma</b>	MI	Contribution ID # <b>0101</b>
Residential Street Address <b>845 Knapps Hwy</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>Student Affairs Professional</b>	Name of Employer <b>Yale University School of Management</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>\$25.00</b>
		Amount of Contribution <b>\$25.00</b>	

Last Name <b>Lopez</b>	First <b>Erin</b>	MI	Contribution ID # <b>0102</b>
Residential Street Address <b>77 Patricia Cir</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>homemaker</b>	Name of Employer <b>homemaker</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>\$25.00</b>
		Amount of Contribution <b>\$25.00</b>	

Last Name <b>Curley</b>	First <b>Cathy</b>	MI	Contribution ID # <b>0103</b>
Residential Street Address <b>109 Lakewood Dr</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06824</b>
Principal Occupation <b>Licensed Independent Health Insurance Broker</b>	Name of Employer <b>Self - Health Insurance Solutions CT</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>\$50.00</b>
		Amount of Contribution <b>\$50.00</b>	

Last Name <b>Sheinberg</b>	First <b>Steven</b>	MI	Contribution ID # <b>0104</b>
Residential Street Address <b>15 Flax Rd</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06824</b>
Principal Occupation <b>Consultant</b>	Name of Employer <b>Steven Sheinberg</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>\$5.00</b>
		Amount of Contribution <b>\$5.00</b>	

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

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

**B. Itemized Contributions from Individuals**

Last Name Sheinberg	First Amy	MI	Contribution ID # 0105
Residential Street Address 15 Flax Rd	City Fairfield	State CT	Zip Code 06824
Principal Occupation Client Services Manager	Name of Employer HTG Investment Advisors, Inc.		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 12/29/2025	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 Jay	First Loretta	MI	Contribution ID # 0106
Residential Street Address 116 Rolling Ridge Rd	City Fairfield	State CT	Zip Code 06824
Principal Occupation Consultant	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 #		Date Received 12/29/2025	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Wolk	First Jay	MI	Contribution ID # 0107
Residential Street Address 1157 Stratfield Rd .	City Fairfield	State CT	Zip Code 06825
Principal Occupation Unemployed	Name of Employer Unemployed		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 12/29/2025	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Avalone	First Brian	MI	Contribution ID # 0108
Residential Street Address 442 Szost Dr	City Fairfield	State CT	Zip Code 06824
Principal Occupation Sales Manager	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 #		Date Received 12/30/2025	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
Cristin McCarthy Vahey 2026	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name Lambert	First Thomas	MI	Contribution ID # 0109
Residential Street Address 729 Burroughs Rd	City Fairfield	State CT	Zip Code 06825
Principal Occupation Attorney	Name of Employer Pullman & Comley		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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 12/30/2025	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Capozzi	First John	MI	Contribution ID # 0110
Residential Street Address 2015 Redding Rd	City Fairfield	State CT	Zip Code 06824
Principal Occupation Lawyer	Name of Employer The Kelley Firm, PLLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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 12/30/2025	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Wilson	First Jeffrey	MI	Contribution ID # 0111
Residential Street Address 2015 Redding Rd	City Fairfield	State CT	Zip Code 06824
Principal Occupation Producer	Name of Employer JAW Media, 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 12/30/2025	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Hogue	First Mary	MI	Contribution ID # 0112
Residential Street Address 165 Stonewall Ln	City Fairfield	State CT	Zip Code 06824
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of 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 \$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
Cristin McCarthy Vahey 2026	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name Gleysteen	First Guy	MI	Contribution ID # 0113
Residential Street Address 165 Stonewall Ln	City Fairfield	State CT	Zip Code 06824
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of 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 \$25.00
			Amount of Contribution \$25.00

Last Name Gleysteen	First Sara	MI	Contribution ID # 0114
Residential Street Address 165 Stonewall Ln	City Fairfield	State CT	Zip Code 06824
Principal Occupation Public Health Consultant	Name of Employer KPMG		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of 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 \$25.00
			Amount of Contribution \$25.00

Last Name Gleysteen	First Emma	MI	Contribution ID # 0115
Residential Street Address 165 Stonewall Ln	City Fairfield	State CT	Zip Code 06824
Principal Occupation Business Consultant	Name of Employer McKinsey & 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 12/30/2025	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Spolyar	First Marcy	MI	Contribution ID # 0116
Residential Street Address 110 Brookridge Ave	City Fairfield	State CT	Zip Code 06825
Principal Occupation Physical therapist	Name of Employer Stratford VNA		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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 12/30/2025	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
Cristin McCarthy Vahey 2026	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name DiCarlo	First Donna	MI	Contribution ID # 0117
Residential Street Address 1605 Melville Ave	City Fairfield	State CT	Zip Code 06825
Principal Occupation Dog walker	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 12/30/2025	Aggregate Contributions \$10.00
			Amount of Contribution \$10.00

Last Name Fink	First Neal	MI	Contribution ID # 0118
Residential Street Address 70 Crest Ter	City Fairfield	State CT	Zip Code 06825
Principal Occupation Engineer	Name of Employer Eliassen 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 12/30/2025	Aggregate Contributions \$10.00
			Amount of Contribution \$10.00

Last Name Fink	First Pamela	MI	Contribution ID # 0119
Residential Street Address 70 Crest Ter	City Fairfield	State CT	Zip Code 06825
Principal Occupation Kitchen Designer	Name of Employer Wren Kitchens		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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 12/30/2025	Aggregate Contributions \$10.00
			Amount of Contribution \$10.00

Last Name Graney	First Maureen	MI	Contribution ID # 0120
Residential Street Address 170 Brooklawn Ter	City Fairfield	State CT	Zip Code 06825
Principal Occupation Sr Account Executive	Name of Employer Esri		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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 12/30/2025	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
Cristin McCarthy Vahey 2026	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Vilenski</b>	First <b>Jeff</b>	MI	Contribution ID # <b>0121</b>
Residential Street Address <b>1822 Stratfield Rd</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>18 and over</b>	Name of Employer <b>Gartner</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>12/31/2025</b>	Aggregate Contributions <b>\$20.00-</b>
			Amount of Contribution <b>\$10.00-</b>

Last Name <b>Goldstein</b>	First <b>Debbie</b>	MI	Contribution ID # <b>0122</b>
Residential Street Address <b>135 Bayberry Rd</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>18 and over</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>12/31/2025</b>	Aggregate Contributions <b>\$50.00-</b>
			Amount of Contribution <b>\$25.00-</b>

Last Name <b>Grathwohl</b>	First <b>Stephen</b>	MI	Contribution ID # <b>0123</b>
Residential Street Address <b>132 Adley Rd</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>18 and over</b>	Name of Employer <b>Burr Street Equities LLC</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>12/31/2025</b>	Aggregate Contributions <b>\$200.00-</b>
			Amount of Contribution <b>\$100.00-</b>

Last Name <b>Morgan</b>	First <b>Amanda</b>	MI	Contribution ID # <b>0124</b>
Residential Street Address <b>369 Stratfield Rd</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>18 and over</b>	Name of Employer <b>Save the Children</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>12/31/2025</b>	Aggregate Contributions <b>\$100.00-</b>
			Amount of Contribution <b>\$50.00-</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>DeMarche</b>	First <b>Heather</b>	MI	Contribution ID # <b>0125</b>
Residential Street Address <b>4637 Congress St</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06824</b>
Principal Occupation <b>18 and over</b>	Name of Employer <b>Heather J. Toll, Psy.D.</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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date Received <b>12/31/2025</b>	Aggregate Contributions <b>\$20.00-</b>
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 <b>\$10.00-</b>	

Last Name <b>A-Dallavalle</b>	First <b>Nancy</b>	MI	Contribution ID # <b>0126</b>
Residential Street Address <b>292 Buena Vista Rd</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>18 and over</b>	Name of Employer <b>Fairfield University</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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date Received <b>12/31/2025</b>	Aggregate Contributions <b>\$200.00-</b>
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 <b>\$100.00-</b>	

Last Name <b>Karson</b>	First <b>Jamie</b>	MI	Contribution ID # <b>0127</b>
Residential Street Address <b>187 Buena Vista Rd</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>18 and over</b>	Name of Employer <b>Salis Holdings</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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date Received <b>12/31/2025</b>	Aggregate Contributions <b>\$10.00-</b>
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 <b>\$5.00-</b>	

Last Name <b>Coyne</b>	First <b>Kevin</b>	MI	Contribution ID # <b>0128</b>
Residential Street Address <b>401 Davis Rd</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>18 and over</b>	Name of Employer <b>Coyne, von Kuhn &amp; Brady LLC</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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date Received <b>12/31/2025</b>	Aggregate Contributions <b>\$50.00-</b>
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 <b>\$25.00-</b>	

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Corsillo</b>	First <b>Tom</b>	MI	Contribution ID # <b>0129</b>
Residential Street Address <b>839 Church Hill Rd</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code
Principal Occupation <b>18 and over</b>	Name of Employer <b>Marine</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>12/31/2025</b>	Aggregate Contributions <b>\$50.00-</b> <b>\$25.00-</b>

Last Name <b>Pires</b>	First <b>Gerarda</b>	MI	Contribution ID # <b>0130</b>
Residential Street Address <b>69 Stoneleigh Rd</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>18 and over</b>	Name of Employer <b>Fairfield Dermatology</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>12/31/2025</b>	Aggregate Contributions <b>\$10.00-</b> <b>\$5.00-</b>

Last Name <b>Kamlet</b>	First <b>Carolyn</b>	MI	Contribution ID # <b>0131</b>
Residential Street Address <b>726 Beach Rd</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06824</b>
Principal Occupation <b>18 and over</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>12/31/2025</b>	Aggregate Contributions <b>\$50.00-</b> <b>\$25.00-</b>

Last Name <b>Randolph</b>	First <b>Fatima</b>	MI	Contribution ID # <b>0132</b>
Residential Street Address <b>20 Cedarwoods Ln</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>18 and over</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>12/31/2025</b>	Aggregate Contributions <b>\$50.00-</b> <b>\$25.00-</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Corsillo</b>	First <b>Katherine</b>	MI	Contribution ID # <b>0133</b>
Residential Street Address <b>839 Church Hill Rd</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>18 and over</b>	Name of Employer <b>Western CT State University</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? <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 <b>12/31/2025</b>	Aggregate Contributions <b>\$10.00-</b>
If yes, list Event #		Amount of Contribution <b>\$5.00-</b>	

Last Name <b>Rosato</b>	First <b>Steven</b>	MI	Contribution ID # <b>0134</b>
Residential Street Address <b>85 Old Stratfield Rd</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>18 and over</b>	Name of Employer <b>OverDrive</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? <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 <b>12/31/2025</b>	Aggregate Contributions <b>\$50.00-</b>
If yes, list Event #		Amount of Contribution <b>\$25.00-</b>	

Last Name <b>Olsen</b>	First <b>Suzanne</b>	MI	Contribution ID # <b>0135</b>
Residential Street Address <b>11 Littlebrook Rd</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>18 and over</b>	Name of Employer <b>Sammy's Kitch'n, LLC</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? <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 <b>12/31/2025</b>	Aggregate Contributions <b>\$100.00-</b>
If yes, list Event #		Amount of Contribution <b>\$50.00-</b>	

Last Name <b>Vahey</b>	First <b>Daniel</b>	MI	Contribution ID # <b>0136</b>
Residential Street Address <b>1625 Melville Ave</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>18 and over</b>	Name of Employer <b>Unemployed</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? <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 <b>12/31/2025</b>	Aggregate Contributions <b>\$10.00-</b>
If yes, list Event #		Amount of Contribution <b>\$5.00-</b>	

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Schaberg</b>	First <b>William</b>	MI	Contribution ID # <b>0137</b>
Residential Street Address <b>424 Riverside Dr</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06824</b>
Principal Occupation <b>18 and over</b>	Name of Employer <b>Athena Rare Books</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>12/31/2025</b>	Aggregate Contributions <b>\$500.00-</b>
			Amount of Contribution <b>\$250.00-</b>

Last Name <b>Lefkowitz</b>	First <b>Nancy</b>	MI	Contribution ID # <b>0138</b>
Residential Street Address <b>3115 Redding Rd</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06824</b>
Principal Occupation <b>18 and over</b>	Name of Employer <b>Tribeca Enterprises</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>12/31/2025</b>	Aggregate Contributions <b>\$20.00-</b>
			Amount of Contribution <b>\$10.00-</b>

Last Name <b>Erick</b>	First <b>Betsy</b>	MI	Contribution ID # <b>0139</b>
Residential Street Address <b>11 Littlebrook Rd</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>18 and over</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>12/31/2025</b>	Aggregate Contributions <b>\$100.00-</b>
			Amount of Contribution <b>\$50.00-</b>

Last Name <b>Coyne</b>	First <b>Mairead</b>	MI	Contribution ID # <b>0140</b>
Residential Street Address <b>401 Davis Rd</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>18 and over</b>	Name of Employer <b>Student</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>12/31/2025</b>	Aggregate Contributions <b>\$10.00-</b>
			Amount of Contribution <b>\$5.00-</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Spolyar</b>	First <b>Leona</b>	MI	Contribution ID # <b>0141</b>
Residential Street Address <b>110 Brookridge Ave</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>18 and over</b>	Name of Employer <b>Student</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>12/31/2025</b>	Aggregate Contributions <b>\$10.00-</b> <b>\$5.00-</b>

Last Name <b>Wackerman</b>	First <b>Karen</b>	MI	Contribution ID # <b>0142</b>
Residential Street Address <b>192 Shoreham Village Dr</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06824</b>
Principal Occupation <b>18 and over</b>	Name of Employer <b>Pullman &amp; Comley, LLC - state contractor</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>12/31/2025</b>	Aggregate Contributions <b>\$50.00-</b> <b>\$25.00-</b>

Last Name <b>Graney</b>	First <b>Maureen</b>	MI	Contribution ID # <b>0143</b>
Residential Street Address <b>170 Brooklawn Ter</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>18 and over</b>	Name of Employer <b>Esri</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>12/31/2025</b>	Aggregate Contributions <b>\$70.00-</b> <b>\$10.00-</b>

Last Name <b>Siebert</b>	First <b>Joseph</b>	MI	Contribution ID # <b>0144</b>
Residential Street Address <b>37 Senior Pl</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>18 and over</b>	Name of Employer <b>Charter Communications</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>12/31/2025</b>	Aggregate Contributions <b>\$50.00-</b> <b>\$25.00-</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Slepian</b>	First <b>David</b>	MI	Contribution ID # <b>0145</b>
Residential Street Address <b>495 Algonquin Rd</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>18 and over</b>	Name of Employer <b>Garson and Slepian</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>12/31/2025</b>	Aggregate Contributions <b>\$50.00-</b> <b>\$25.00-</b>

Last Name <b>Dwyer</b>	First <b>Deborah</b>	MI	Contribution ID # <b>0146</b>
Residential Street Address <b>2607 Congress St</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06824</b>
Principal Occupation <b>18 and over</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>12/31/2025</b>	Aggregate Contributions <b>\$20.00-</b> <b>\$10.00-</b>

Last Name <b>Warburg</b>	First <b>John</b>	MI	Contribution ID # <b>0147</b>
Residential Street Address <b>180 Spring House Rd</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06824</b>
Principal Occupation <b>18 and over</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>12/31/2025</b>	Aggregate Contributions <b>\$20.00-</b> <b>\$10.00-</b>

Last Name <b>Dwyer</b>	First <b>Philip</b>	MI	Contribution ID # <b>0148</b>
Residential Street Address <b>2607 Congress St</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06824</b>
Principal Occupation <b>18 and over</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>12/31/2025</b>	Aggregate Contributions <b>\$20.00-</b> <b>\$10.00-</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Lee</b>	First <b>Kenneth</b>	MI	Contribution ID # <b>0149</b>
Residential Street Address <b>71 Rhoda Ave</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06824</b>
Principal Occupation <b>18 and over</b>	Name of Employer <b>retired</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 #		Date Received <b>12/31/2025</b>	Aggregate Contributions <b>\$50.00-</b>
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 <b>\$25.00-</b>	

Last Name <b>Lee</b>	First <b>Jessica</b>	MI	Contribution ID # <b>0150</b>
Residential Street Address <b>71 Rhoda Ave</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06824</b>
Principal Occupation <b>18 and over</b>	Name of Employer <b>Town of Westport</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 #		Date Received <b>12/31/2025</b>	Aggregate Contributions <b>\$50.00-</b>
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 <b>\$25.00-</b>	

Last Name <b>Diaz</b>	First <b>Will</b>	MI	Contribution ID # <b>0151</b>
Residential Street Address <b>49 Melville Ave</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>18 and over</b>	Name of Employer <b>UCONN</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 #		Date Received <b>12/31/2025</b>	Aggregate Contributions <b>\$20.00-</b>
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 <b>\$10.00-</b>	

Last Name <b>Dreyfus</b>	First <b>Rachel</b>	MI	Contribution ID # <b>0152</b>
Residential Street Address <b>448 Springer Rd</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06824</b>
Principal Occupation <b>18 and over</b>	Name of Employer <b>Dreyfus Advisors</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 #		Date Received <b>12/31/2025</b>	Aggregate Contributions <b>\$50.00-</b>
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 <b>\$25.00-</b>	

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Campbell</b>	First <b>Leonora</b>	MI	Contribution ID # <b>0153</b>
Residential Street Address <b>72 Newman Pl</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>18 and over</b>	Name of Employer <b>Connecticut</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>12/31/2025</b>	Aggregate Contributions <b>\$50.00-</b> <b>\$25.00-</b>

Last Name <b>O'Donovan</b>	First <b>Gilbert</b>	MI	Contribution ID # <b>0154</b>
Residential Street Address <b>162 Green Acre Ln</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06824</b>
Principal Occupation <b>18 and over</b>	Name of Employer <b>GCD Financial Planning and Advisory Services</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>12/31/2025</b>	Aggregate Contributions <b>\$200.00-</b> <b>\$100.00-</b>

Last Name <b>Agee</b>	First <b>Todd</b>	MI	Contribution ID # <b>0155</b>
Residential Street Address <b>41 Rockland Rd</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>18 and over</b>	Name of Employer <b>New York Power Authority</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>12/31/2025</b>	Aggregate Contributions <b>\$50.00-</b> <b>\$25.00-</b>

Last Name <b>O'Rourke</b>	First <b>Megan</b>	MI	Contribution ID # <b>0156</b>
Residential Street Address <b>41 Rockland Rd</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>18 and over</b>	Name of Employer <b>Fairfield Public Schools</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>12/31/2025</b>	Aggregate Contributions <b>\$20.00-</b> <b>\$10.00-</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Agee</b>	First <b>Caitlin</b>	MI	Contribution ID # <b>0157</b>
Residential Street Address <b>41 Rockland Rd</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>18 and over</b>	Name of Employer <b>Student</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>12/31/2025</b>	Aggregate Contributions <b>\$10.00-</b> <b>\$5.00-</b>

Last Name <b>Agee</b>	First <b>Claire</b>	MI	Contribution ID # <b>0158</b>
Residential Street Address <b>41 Rockland Rd</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>18 and over</b>	Name of Employer <b>Student</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>12/31/2025</b>	Aggregate Contributions <b>\$20.00-</b> <b>\$10.00-</b>

Last Name <b>Brown</b>	First <b>Douglas</b>	MI	Contribution ID # <b>0159</b>
Residential Street Address <b>101 Park Dr</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>18 and over</b>	Name of Employer <b>Bredy Wilkinson PC</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>12/31/2025</b>	Aggregate Contributions <b>\$100.00-</b> <b>\$50.00-</b>

Last Name <b>jalkut</b>	First <b>Susanna</b>	MI	Contribution ID # <b>0160</b>
Residential Street Address <b>193 Merwins Ln</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06824</b>
Principal Occupation <b>18 and over</b>	Name of Employer <b>Pediatric Healthcare Associates</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>12/31/2025</b>	Aggregate Contributions <b>\$200.00-</b> <b>\$100.00-</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Vitale</b>	First <b>William</b>	MI	Contribution ID # <b>0161</b>
Residential Street Address <b>254 Verna Hill Rd</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06824</b>
Principal Occupation <b>18 and over</b>	Name of Employer <b>Capital One</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>12/31/2025</b>	Aggregate Contributions <b>\$50.00-</b> <b>\$25.00-</b>

Last Name <b>O'Neill</b>	First <b>Kristin</b>	MI	Contribution ID # <b>0162</b>
Residential Street Address <b>272 Homefair Dr</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>18 and over</b>	Name of Employer <b>Volunteer</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>12/31/2025</b>	Aggregate Contributions <b>\$50.00-</b> <b>\$25.00-</b>

Last Name <b>Littman</b>	First <b>Spencer</b>	MI	Contribution ID # <b>0163</b>
Residential Street Address <b>5460 Congress St</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06824</b>
Principal Occupation <b>18 and over</b>	Name of Employer <b>Student</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>12/31/2025</b>	Aggregate Contributions <b>\$50.00-</b> <b>\$25.00-</b>

Last Name <b>Krasnoff</b>	First <b>David</b>	MI	Contribution ID # <b>0164</b>
Residential Street Address <b>155 Burr St</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06824</b>
Principal Occupation <b>18 and over</b>	Name of Employer <b>Self DK Homes @ Compass</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>12/31/2025</b>	Aggregate Contributions <b>\$50.00-</b> <b>\$25.00-</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Vilenski</b>	First <b>Jeff</b>	MI	Contribution ID # <b>0121</b>
Residential Street Address <b>1822 Stratfield Rd</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>project manager</b>	Name of Employer <b>Gartner</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>12/31/2025</b>	Aggregate Contributions <b>\$10.00</b>
		Amount of Contribution <b>\$10.00</b>	

Last Name <b>Goldstein</b>	First <b>Debbie</b>	MI	Contribution ID # <b>0122</b>
Residential Street Address <b>135 Bayberry Rd</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>Retired</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>12/31/2025</b>	Aggregate Contributions <b>\$25.00</b>
		Amount of Contribution <b>\$25.00</b>	

Last Name <b>Grathwohl</b>	First <b>Stephen</b>	MI	Contribution ID # <b>0123</b>
Residential Street Address <b>132 Adley Rd</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>Real estate</b>	Name of Employer <b>Burr Street Equities LLC</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>12/31/2025</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <b>Morgan</b>	First <b>Amanda</b>	MI	Contribution ID # <b>0124</b>
Residential Street Address <b>369 Stratfield Rd</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>Fundraiser</b>	Name of Employer <b>Save the Children</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>12/31/2025</b>	Aggregate Contributions <b>\$50.00</b>
		Amount of Contribution <b>\$50.00</b>	

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>DeMarche</b>	First <b>Heather</b>	MI	Contribution ID # <b>0125</b>
Residential Street Address <b>4637 Congress St</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06824</b>
Principal Occupation <b>Psychologist</b>	Name of Employer <b>Heather J. Toll, Psy.D.</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>12/31/2025</b>	Aggregate Contributions <b>\$10.00</b>
		Amount of Contribution <b>\$10.00</b>	

Last Name <b>A Dallavalle</b>	First <b>Nancy</b>	MI	Contribution ID # <b>0126</b>
Residential Street Address <b>292 Buena Vista Rd</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>College Professor</b>	Name of Employer <b>Fairfield University</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>12/31/2025</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <b>Karson</b>	First <b>Jamie</b>	MI	Contribution ID # <b>0127</b>
Residential Street Address <b>187 Buena Vista Rd</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>Restaurant Acquisition Partner</b>	Name of Employer <b>Salis Holdings</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>12/31/2025</b>	Aggregate Contributions <b>\$5.00</b>
		Amount of Contribution <b>\$5.00</b>	

Last Name <b>Coyne</b>	First <b>Kevin</b>	MI	Contribution ID # <b>0128</b>
Residential Street Address <b>401 Davis Rd</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>Attorney</b>	Name of Employer <b>Coyne, von Kuhn &amp; Brady LLC</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>12/31/2025</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
Cristin McCarthy Vahey 2026	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Corsillo</b>	First <b>Tom</b>	MI	Contribution ID # <b>0129</b>
Residential Street Address <b>839 Church Hill Rd</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code
Principal Occupation <b>Communications Consultant</b>	Name of Employer <b>Marino</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>12/31/2025</b>	Aggregate Contributions <b>\$25.00</b>
		Amount of Contribution <b>\$25.00</b>	

Last Name <b>Pires</b>	First <b>Gerarda</b>	MI	Contribution ID # <b>0130</b>
Residential Street Address <b>69 Stoneleigh Rd</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>APRN</b>	Name of Employer <b>Fairfield Dermatology</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>12/31/2025</b>	Aggregate Contributions <b>\$5.00</b>
		Amount of Contribution <b>\$5.00</b>	

Last Name <b>Kamlet</b>	First <b>Carolyn</b>	MI	Contribution ID # <b>0131</b>
Residential Street Address <b>726 Beach Rd</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06824</b>
Principal Occupation <b>Public Policy Analyst</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>12/31/2025</b>	Aggregate Contributions <b>\$25.00</b>
		Amount of Contribution <b>\$25.00</b>	

Last Name <b>Randolph</b>	First <b>Fatima</b>	MI	Contribution ID # <b>0132</b>
Residential Street Address <b>20 Cedarwoods Ln</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>Retired</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>12/31/2025</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
Cristin McCarthy Vahey 2026	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Corsillo</b>	First <b>Katherine</b>	MI	Contribution ID # <b>0133</b>
Residential Street Address <b>839 Church Hill Rd</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>Career Counselor</b>	Name of Employer <b>Western CT State University</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>12/31/2025</b>	Aggregate Contributions <b>\$5.00</b>
		Amount of Contribution <b>\$5.00</b>	

Last Name <b>Rosato</b>	First <b>Steven</b>	MI	Contribution ID # <b>0134</b>
Residential Street Address <b>85 Old Stratfield Rd</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>Business Executive</b>	Name of Employer <b>OverDrive</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>12/31/2025</b>	Aggregate Contributions <b>\$25.00</b>
		Amount of Contribution <b>\$25.00</b>	

Last Name <b>Vahey</b>	First <b>Daniel</b>	MI	Contribution ID # <b>0136</b>
Residential Street Address <b>1625 Melville Ave</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>Unemployed</b>	Name of Employer <b>Unemployed</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>12/31/2025</b>	Aggregate Contributions <b>\$5.00</b>
		Amount of Contribution <b>\$5.00</b>	

Last Name <b>Schaberg</b>	First <b>William</b>	MI	Contribution ID # <b>0137</b>
Residential Street Address <b>424 Riverside Dr</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06824</b>
Principal Occupation <b>Rare Book Dealer</b>	Name of Employer <b>Athena Rare Books</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>12/31/2025</b>	Aggregate Contributions <b>\$250.00</b>
		Amount of Contribution <b>\$250.00</b>	

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Lefkowitz</b>	First <b>Nancy</b>	MI	Contribution ID # <b>0138</b>
Residential Street Address <b>3115 Redding Rd</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06824</b>
Principal Occupation <b>Producer</b>	Name of Employer <b>Tribeca Enterprises</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>12/31/2025</b>	Aggregate Contributions <b>\$10.00</b>
		Amount of Contribution <b>\$10.00</b>	

Last Name <b>Elrick</b>	First <b>Betsy</b>	MI	Contribution ID # <b>0139</b>
Residential Street Address <b>11 Littlebrook Rd</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>Retired</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>12/31/2025</b>	Aggregate Contributions <b>\$50.00</b>
		Amount of Contribution <b>\$50.00</b>	

Last Name <b>Coyne</b>	First <b>Mairead</b>	MI	Contribution ID # <b>0140</b>
Residential Street Address <b>401 Davis Rd</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>Student</b>	Name of Employer <b>Student</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>12/31/2025</b>	Aggregate Contributions <b>\$5.00</b>
		Amount of Contribution <b>\$5.00</b>	

Last Name <b>Spolyar</b>	First <b>Leona</b>	MI	Contribution ID # <b>0141</b>
Residential Street Address <b>110 Brookridge Ave</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>Student</b>	Name of Employer <b>Student</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>12/31/2025</b>	Aggregate Contributions <b>\$5.00</b>
		Amount of Contribution <b>\$5.00</b>	

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Wackerman</b>	First <b>Karen</b>	MI	Contribution ID # <b>0142</b>
Residential Street Address <b>192 Shoreham Village Dr</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06824</b>
Principal Occupation <b>Attorney</b>	Name of Employer <b>Pullman &amp; Comley, LLC - state contractor</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>12/31/2025</b>	Aggregate Contributions <b>\$25.00</b>
		Amount of Contribution <b>\$25.00</b>	

Last Name <b>Graney</b>	First <b>Maureen</b>	MI	Contribution ID # <b>0143</b>
Residential Street Address <b>170 Brooklawn Ter</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>Sr Acct Manager</b>	Name of Employer <b>Esri</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>12/31/2025</b>	Aggregate Contributions <b>\$60.00</b>
		Amount of Contribution <b>\$10.00</b>	

Last Name <b>Siebert</b>	First <b>Joseph</b>	MI	Contribution ID # <b>0144</b>
Residential Street Address <b>37 Senior Pl</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>Client Services Manager</b>	Name of Employer <b>Charter Communications</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>12/31/2025</b>	Aggregate Contributions <b>\$25.00</b>
		Amount of Contribution <b>\$25.00</b>	

Last Name <b>Slepian</b>	First <b>David</b>	MI	Contribution ID # <b>0145</b>
Residential Street Address <b>495 Algonquin Rd</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>Attorney</b>	Name of Employer <b>Garson and Slepian</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>12/31/2025</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
Cristin McCarthy Vahey 2026	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Dwyer</b>	First <b>Deborah</b>	MI	Contribution ID # <b>0146</b>
Residential Street Address <b>2607 Congress St</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06824</b>
Principal Occupation <b>Retired</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>12/31/2025</b>	Aggregate Contributions <b>\$10.00</b>
		Amount of Contribution <b>\$10.00</b>	

Last Name <b>Warburg</b>	First <b>John</b>	MI	Contribution ID # <b>0147</b>
Residential Street Address <b>180 Spring House Rd</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06824</b>
Principal Occupation <b>Retired</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>12/31/2025</b>	Aggregate Contributions <b>\$10.00</b>
		Amount of Contribution <b>\$10.00</b>	

Last Name <b>Dwyer</b>	First <b>Philip</b>	MI	Contribution ID # <b>0148</b>
Residential Street Address <b>2607 Congress St</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06824</b>
Principal Occupation <b>Retired</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>12/31/2025</b>	Aggregate Contributions <b>\$10.00</b>
		Amount of Contribution <b>\$10.00</b>	

Last Name <b>Lee</b>	First <b>Kenneth</b>	MI	Contribution ID # <b>0149</b>
Residential Street Address <b>71 Rhoda Ave</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06824</b>
Principal Occupation <b>retired</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>12/31/2025</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
Cristin McCarthy Vahey 2026	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Lee</b>	First <b>Jessica</b>	MI	Contribution ID # <b>0150</b>
Residential Street Address <b>71 Rhoda Ave</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06824</b>
Principal Occupation <b>Teacher</b>	Name of Employer <b>Town of Westport</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>12/31/2025</b>	Aggregate Contributions <b>\$25.00</b>
		Amount of Contribution <b>\$25.00</b>	

Last Name <b>Diaz</b>	First <b>Will</b>	MI	Contribution ID # <b>0151</b>
Residential Street Address <b>49 Melville Ave</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>Education</b>	Name of Employer <b>UCONN</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>12/31/2025</b>	Aggregate Contributions <b>\$10.00</b>
		Amount of Contribution <b>\$10.00</b>	

Last Name <b>Dreyfus</b>	First <b>Rachel</b>	MI	Contribution ID # <b>0152</b>
Residential Street Address <b>448 Springer Rd</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06824</b>
Principal Occupation <b>Self employed marketing consultant</b>	Name of Employer <b>Dreyfus Advisors</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>12/31/2025</b>	Aggregate Contributions <b>\$25.00</b>
		Amount of Contribution <b>\$25.00</b>	

Last Name <b>Olsen</b>	First <b>Suzanne</b>	MI	Contribution ID # <b>0135</b>
Residential Street Address <b>11 Littlebrook Rd</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>Cottage Food Business Owner</b>	Name of Employer <b>Sammy's Kitchen, LLC</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>12/31/2025</b>	Aggregate Contributions <b>\$50.00</b>
		Amount of Contribution <b>\$50.00</b>	

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Campbell</b>	First <b>Leonora</b>	MI	Contribution ID # <b>0153</b>
Residential Street Address <b>72 Newman Pl</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>Director of Education &amp; Outreach</b>	Name of Employer <b>Connecticut</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>12/31/2025</b>	Aggregate Contributions <b>\$25.00</b>
		Amount of Contribution <b>\$25.00</b>	

Last Name <b>C Donovan</b>	First <b>Gilbert</b>	MI	Contribution ID # <b>0154</b>
Residential Street Address <b>162 Green Acre Ln</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06824</b>
Principal Occupation <b>Personal Financial Planner</b>	Name of Employer <b>GCD Financial Planning and Advisory Services</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>12/31/2025</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <b>Agee</b>	First <b>Todd</b>	MI	Contribution ID # <b>0155</b>
Residential Street Address <b>41 Rockland Rd</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>Chief Pilot</b>	Name of Employer <b>New York Power Authority</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>12/31/2025</b>	Aggregate Contributions <b>\$25.00</b>
		Amount of Contribution <b>\$25.00</b>	

Last Name <b>O'Rourke</b>	First <b>Megan</b>	MI	Contribution ID # <b>0156</b>
Residential Street Address <b>41 Rockland Rd</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>Teacher</b>	Name of Employer <b>Fairfield Public Schools</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>12/31/2025</b>	Aggregate Contributions <b>\$10.00</b>
		Amount of Contribution <b>\$10.00</b>	

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Agee</b>	First <b>Caitlin</b>	MI	Contribution ID # <b>0157</b>
Residential Street Address <b>41 Rockland Rd</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>Student</b>	Name of Employer <b>Student</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>12/31/2025</b>	Aggregate Contributions <b>\$5.00</b>
		Amount of Contribution <b>\$5.00</b>	

Last Name <b>Agee</b>	First <b>Claire</b>	MI	Contribution ID # <b>0158</b>
Residential Street Address <b>41 Rockland Rd</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>Student</b>	Name of Employer <b>Student</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>12/31/2025</b>	Aggregate Contributions <b>\$10.00</b>
		Amount of Contribution <b>\$10.00</b>	

Last Name <b>Brown</b>	First <b>Douglas</b>	MI	Contribution ID # <b>0159</b>
Residential Street Address <b>101 Park Dr</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>Lawyer</b>	Name of Employer <b>Brody Wilkinson PC</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>12/31/2025</b>	Aggregate Contributions <b>\$50.00</b>
		Amount of Contribution <b>\$50.00</b>	

Last Name <b>jalkut</b>	First <b>Susanna</b>	MI	Contribution ID # <b>0160</b>
Residential Street Address <b>193 Merwins Ln</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06824</b>
Principal Occupation <b>physician</b>	Name of Employer <b>Pediatric Healthcare Associates</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>12/31/2025</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Vitale</b>	First <b>William</b>	MI	Contribution ID # <b>0161</b>
Residential Street Address <b>254 Verna Hill Rd</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06824</b>
Principal Occupation <b>Technology Manager</b>	Name of Employer <b>Capital One</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>12/31/2025</b>	Aggregate Contributions <b>\$25.00</b>
		Amount of Contribution <b>\$25.00</b>	

Last Name <b>O'Neill</b>	First <b>Kristin</b>	MI	Contribution ID # <b>0162</b>
Residential Street Address <b>272 Homefair Dr</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>Volunteer</b>	Name of Employer <b>Volunteer</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>12/31/2025</b>	Aggregate Contributions <b>\$25.00</b>
		Amount of Contribution <b>\$25.00</b>	

Last Name <b>Littman</b>	First <b>Spencer</b>	MI	Contribution ID # <b>0163</b>
Residential Street Address <b>5460 Congress St</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06824</b>
Principal Occupation <b>Student</b>	Name of Employer <b>Student</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>12/31/2025</b>	Aggregate Contributions <b>\$25.00</b>
		Amount of Contribution <b>\$25.00</b>	

Last Name <b>Krasnoff</b>	First <b>David</b>	MI	Contribution ID # <b>0164</b>
Residential Street Address <b>155 Burr St</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06824</b>
Principal Occupation <b>Real Estate Principal</b>	Name of Employer <b>Self DK Homes @ Compass</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>12/31/2025</b>	Aggregate Contributions <b>\$25.00</b>
		Amount of Contribution <b>\$25.00</b>	

<b>Total of Section B</b>		<b>\$7,085.00</b>
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS</b>	(Sections A + B) (Total on Line 14, Column A of Summary Page)	<b>\$7,085.00</b>

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

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

#### C1. Contributions from Other Committees

Name of Committee				Name of Treasurer			
Address			Is this contribution associated with an event reported in Section J1?		Yes	No	Amount of Contribution
			If yes, list Event #				
City	State	Zip Code	Date Received	Aggregate Contributions			

**Total of Section C1**

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

NAME OF COMMITTEE	TYPE OF REPORT
Cristin McCarthy Vahey 2026	January 10 Filing - Amendment

#### C2. Reimbursements or Surplus Distributions from other Committees

Name of Committee				Name of Treasurer			
Address			Date Received		Amount of Receipt		
City	State	Zip Code	Payment Type				
			Reimbursement for shared expense				
			Surplus distribution from exploratory committee				
Expenditure #	Description						

**Total of Section C2**

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

NAME OF COMMITTEE	TYPE OF REPORT
Cristin McCarthy Vahey 2026	January 10 Filing - Amendment

**D. Loans Received this Period**

Name of Lender	Source of Loan:				Date of Receipt
	Bank	Candidate	Individual	Other	
Street Address	City	State	Zip Code	Is there a cosigner or Guarantor of this loan?	
				Yes No	
Name of Cosigner/Guarantor (if applicable)				Amount Received	
Street Address	City	Stat	Zip Code		
<b>Total of Section D</b>					

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

NAME OF COMMITTEE	TYPE OF REPORT
Cristin McCarthy Vahey 2026	January 10 Filing - Amendment

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

Date of Receipt	Method of Payment			Amount
	Cash	Personal Check	Credit/Debit Card	
<b>Total of Section E</b>				

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

NAME OF COMMITTEE	TYPE OF REPORT
Cristin McCarthy Vahey 2026	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
Cristin McCarthy Vahey 2026	January 10 Filing - Amendment

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

Purpose of Grant:	Grant Cycle:	Date Received	Amount	
				Initial
Supplemental/Post Election Deficit				

**Total of Section H**

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

NAME OF COMMITTEE	TYPE OF REPORT
Cristin McCarthy Vahey 2026	January 10 Filing - Amendment

**I. Miscellaneous Monetary Receipts not Considered Contributions**

Name	Date of Transaction	Amount Received	
Street Address	City	State	Zip Code
Description			

**Total of Section I**

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

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

**J1. Event Information**

Event # Date of Event	Letter	Description	Was this a fundraising event? Yes      No	
Location: Street Address		City	State	Zip Code
Was this event hosted at a personal residence?	Yes	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.		
	No			
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?	Yes	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.		
	No			
<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	(If yes, enter Total Receipts here.)		
	No			

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

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

**J3. In-Kind Donations Not Considered Contributions**

Name of the Donor				
Street Address		City	State	Zip Code
Donation Given by:	Description of Donation			Fair Market Value of Donation
Individual				
Business Entity	Date Received	Event #	Aggregate value for this event	
Sole Proprietorship				

**Total of Section J3**

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

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

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

Name of Host		Is this event supporting more than one candidate?	
		Yes	No
		If yes, complete Itemization in Addendum J4	
Street Address	City	State	Zip Code
Description of Donation			Fair Market Value of Donation
Event #	Aggregate value of this Event - all hosts	Aggregate value of all Events - this host/candidate	

**Total of Section J4****III. NONMONETARY RECEIPTS (Sections K - L)**

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

**K. In-Kind Contributions**

Name			
Street Address		City	State
		Zip Code	
Is this contribution associated with an event reported in Section J1?	Yes	Description of In-Kind Contribution	
	No		
If yes, list Event#			
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes	Is contributor a principal of a state contractor or prospective state contractor?	Yes
	No	If yes, indicate which branch or branches of government the contract is with:	No
		Executive	Legislative
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
Cristin McCarthy Vahey 2026	January 10 Filing - Amendment

**L. Refundable Deposit to Telephone Company**

Last Name of Individual	First Name	MI	Date Deposit Made	
Residential Street Address	City	State	Zip Code	Amount of Deposit
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
Cristin McCarthy Vahey 2026	January 10 Filing - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee Anedot		Date of Payment 11/25/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Eric Newman			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum N		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$0.70

Name of Payee Anedot		Date of Payment 11/26/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Eric Newman			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum N		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$0.70

Name of Payee Anedot		Date of Payment 12/10/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Emma Vahey			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum N		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$1.30

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Cristin McCarthy Vahey 2026	January 10 Filing - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee Anedot		Date of Payment 12/10/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Brian Vahey			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$4.30

Name of Payee Anedot		Date of Payment 12/14/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Tanya Smith			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$2.30

Name of Payee Anedot		Date of Payment 12/14/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Laura Karson			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$1.90

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Cristin McCarthy Vahey 2026	January 10 Filing - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee Anedot		Date of Payment 12/14/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Laura OBrien			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$2.30

Name of Payee Anedot		Date of Payment 12/14/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Reinhild Knorr			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$4.30

Name of Payee Anedot		Date of Payment 12/14/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Anne Fifick			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$4.30

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Cristin McCarthy Vahey 2026	January 10 Filing - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee Anedot		Date of Payment 12/14/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Julie Rosenbaum			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum N		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$2.30

Name of Payee Anedot		Date of Payment 12/14/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: William Hopf			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum N		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$1.30

Name of Payee Anedot		Date of Payment 12/14/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Kate Oâ€™Gara			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum N		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$1.30

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Cristin McCarthy Vahey 2026	January 10 Filing - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee Anedot		Date of Payment 12/14/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Kelly Kenny			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$4.30

Name of Payee Anedot		Date of Payment 12/14/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: William Pollack			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$2.30

Name of Payee Anedot		Date of Payment 12/14/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Juliette Spelman			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$4.30

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Cristin McCarthy Vahey 2026	January 10 Filing - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee Anedot		Date of Payment 12/14/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Mary Lake			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum N		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$3.30

Name of Payee Anedot		Date of Payment 12/14/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Mary Ann and Tom Fichera			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum N		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$2.30

Name of Payee Anedot		Date of Payment 12/14/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Sarah Keitt			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum N		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$2.30

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Cristin McCarthy Vahey 2026	January 10 Filing - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee Anedot		Date of Payment 12/14/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: K. Brown			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$1.90

Name of Payee Anedot		Date of Payment 12/14/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Richard Jacobs			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$0.70

Name of Payee Anedot		Date of Payment 12/14/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Ruth Ridgeway			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$10.30

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Cristin McCarthy Vahey 2026	January 10 Filing - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee Anedot		Date of Payment 12/14/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Susan Coyne			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$1.10

Name of Payee Anedot		Date of Payment 12/15/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Vanessa DeSantis			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$1.30

Name of Payee Anedot		Date of Payment 12/15/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Craig Diamond			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$10.30

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Cristin McCarthy Vahey 2026	January 10 Filing - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee Anedot		Date of Payment 12/15/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Christopher Brogan			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$2.30

Name of Payee Anedot		Date of Payment 12/15/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Robert Blanchard			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$2.30

Name of Payee Anedot		Date of Payment 12/15/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Samantha Norton			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$1.30

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Cristin McCarthy Vahey 2026	January 10 Filing - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee Anedot		Date of Payment 12/15/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Jeff Galdenzi			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$0.50

Name of Payee Anedot		Date of Payment 12/15/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Peter Ruppert			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$5.30

Name of Payee Anedot		Date of Payment 12/15/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Kathleen Ruppert			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$5.30

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Cristin McCarthy Vahey 2026	January 10 Filing - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee Anedot		Date of Payment 12/15/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Martha Brooks			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$1.30

Name of Payee Anedot		Date of Payment 12/15/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Maryalice Moore			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$4.30

Name of Payee Anedot		Date of Payment 12/15/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Marc Halpert			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$1.10

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Cristin McCarthy Vahey 2026	January 10 Filing - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee Anedot		Date of Payment 12/15/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Daryl Duarte			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$4.30

Name of Payee Anedot		Date of Payment 12/15/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Michael Knorr			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$4.30

Name of Payee Anedot		Date of Payment 12/16/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Kevin Flynn			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$2.30

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Cristin McCarthy Vahey 2026	January 10 Filing - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee Anedot	Date of Payment 12/17/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314	City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Philip Pires	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum N	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #  \$4.30

Name of Payee Anedot	Date of Payment 12/17/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314	City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Mark Corcoran	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum N	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #  \$4.30

Name of Payee Anedot	Date of Payment 12/20/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314	City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Elise Epner	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum N	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #  \$4.30

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Cristin McCarthy Vahey 2026	January 10 Filing - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee Anedot		Date of Payment 12/20/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Eileen Callahan			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum N		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$0.70

Name of Payee Anedot		Date of Payment 12/22/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Michael Martin			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum N		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$2.30

Name of Payee Anedot		Date of Payment 12/22/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Barbara Edinberg			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum N		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$0.70

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Cristin McCarthy Vahey 2026	January 10 Filing - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee Anedot		Date of Payment 12/27/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Danielle Kanter			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum N		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$0.50

Name of Payee Anedot		Date of Payment 12/27/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Thomas McCarthy			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum N		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$4.30

Name of Payee Anedot		Date of Payment 12/27/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Robert Clark			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum N		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$1.30

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Cristin McCarthy Vahey 2026	January 10 Filing - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee Anedot	Date of Payment 12/27/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314	City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Marcus Brown		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum N	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #  \$1.30

Name of Payee Anedot	Date of Payment 12/27/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314	City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Steve Berecz		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum N	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #  \$1.30

Name of Payee Anedot	Date of Payment 12/27/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314	City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Joseph Luciano		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum N	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #  \$2.30

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Cristin McCarthy Vahey 2026	January 10 Filing - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee Anedot		Date of Payment 12/27/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Jonathan Delgado			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$1.30

Name of Payee Anedot		Date of Payment 12/27/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Nancy Twomey Donne			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$1.30

Name of Payee Anedot		Date of Payment 12/27/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Alice Kelly			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$1.30

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Cristin McCarthy Vahey 2026	January 10 Filing - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee Anedot		Date of Payment 12/27/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Thomas McCarthy			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$2.30

Name of Payee Anedot		Date of Payment 12/27/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Alyssa Kent			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$1.30

Name of Payee Anedot		Date of Payment 12/27/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Victor Vaughan			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$4.30

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Cristin McCarthy Vahey 2026	January 10 Filing - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee Anedot		Date of Payment 12/27/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Margaret Crossin			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$0.70

Name of Payee Anedot		Date of Payment 12/27/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Alina Reynolds			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$2.30

Name of Payee Anedot		Date of Payment 12/27/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Steve Reynolds			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$2.30

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Cristin McCarthy Vahey 2026	January 10 Filing - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee Anedot		Date of Payment 12/27/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Leonard Braman			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$1.30

Name of Payee Anedot		Date of Payment 12/27/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Craig Curley			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$2.30

Name of Payee Anedot		Date of Payment 12/27/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Erik Drewniak			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$2.30

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Cristin McCarthy Vahey 2026	January 10 Filing - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee Anedot		Date of Payment 12/27/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Katherine Caulfield			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$2.30

Name of Payee Anedot		Date of Payment 12/27/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Dru Georgiadis			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$3.30

Name of Payee Anedot		Date of Payment 12/27/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Bob & Peg Ellwanger			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$4.30

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Cristin McCarthy Vahey 2026	January 10 Filing - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee Anedot		Date of Payment 12/28/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: David McKinnis			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$4.30

Name of Payee Anedot		Date of Payment 12/28/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Ann Stamler			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$1.30

Name of Payee Anedot		Date of Payment 12/28/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Sarah Mason			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$1.30

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Cristin McCarthy Vahey 2026	January 10 Filing - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee Anedot		Date of Payment 12/28/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Kathleen Griffin			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum N		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$2.30

Name of Payee Anedot		Date of Payment 12/28/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Elisabeth Rock			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum N		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$1.30

Name of Payee Anedot		Date of Payment 12/28/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Dave Rock			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum N		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$1.30

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Cristin McCarthy Vahey 2026	January 10 Filing - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee Anedot		Date of Payment 12/28/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Todd Pistilli			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$0.50

Name of Payee Anedot		Date of Payment 12/28/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Pierre Ratzki			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$1.90

Name of Payee Anedot		Date of Payment 12/28/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Nancy von Euler			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$1.30

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Cristin McCarthy Vahey 2026	January 10 Filing - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee Anedot		Date of Payment 12/28/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Beth Ulman			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$1.30

Name of Payee Anedot		Date of Payment 12/28/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Nicole Stanton			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$1.30

Name of Payee Anedot		Date of Payment 12/28/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Sarah Roy			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$0.70

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Cristin McCarthy Vahey 2026	January 10 Filing - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee Anedot		Date of Payment 12/28/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Mark Noble			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$1.30

Name of Payee Anedot		Date of Payment 12/28/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Stephen Ulman			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$1.30

Name of Payee Anedot		Date of Payment 12/28/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Ryan Gleason			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$1.30

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Cristin McCarthy Vahey 2026	January 10 Filing - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee Anedot		Date of Payment 12/28/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Rob Lynch			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$4.30

Name of Payee Anedot		Date of Payment 12/28/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Elizabeth Zezima			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$1.30

Name of Payee Anedot		Date of Payment 12/28/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Todd Lewis			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$1.30

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Cristin McCarthy Vahey 2026	January 10 Filing - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee Anedot		Date of Payment 12/28/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Scott Nickel			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$4.30

Name of Payee Anedot		Date of Payment 12/28/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Diana Sisler			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$0.70

Name of Payee Anedot		Date of Payment 12/28/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Katie Romeo			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$1.30

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Cristin McCarthy Vahey 2026	January 10 Filing - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee Anedot		Date of Payment 12/28/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: John Spolyar			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$1.30

Name of Payee Anedot		Date of Payment 12/28/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: John Bayers			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$1.30

Name of Payee Anedot		Date of Payment 12/28/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Michael Pida			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$0.70

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Cristin McCarthy Vahey 2026	January 10 Filing - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee Anedot		Date of Payment 12/28/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Hemangini Desai			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$0.70

Name of Payee Anedot		Date of Payment 12/28/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Sharon Pistilli			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$0.50

Name of Payee Anedot		Date of Payment 12/28/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Christian Di Carlo			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$1.30

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Cristin McCarthy Vahey 2026	January 10 Filing - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee Anedot		Date of Payment 12/28/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Jeff Randolph			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$1.30

Name of Payee Anedot		Date of Payment 12/28/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Shane Pendley			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$1.30

Name of Payee Anedot		Date of Payment 12/28/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Sofia Pendley			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$1.30

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Cristin McCarthy Vahey 2026	January 10 Filing - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee Anedot		Date of Payment 12/28/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Tara Cook-Littman			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$4.30

Name of Payee Anedot		Date of Payment 12/28/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Owen Littman			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$4.30

Name of Payee Anedot		Date of Payment 12/28/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Christine Vitale			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$1.30

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Cristin McCarthy Vahey 2026	January 10 Filing - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee Anedot		Date of Payment 12/29/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Sheri Klein			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$4.30

Name of Payee Anedot		Date of Payment 12/29/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Ava Littman			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$1.30

Name of Payee Anedot		Date of Payment 12/29/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Albertina Baptista			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$1.30

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Cristin McCarthy Vahey 2026	January 10 Filing - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee Anedot		Date of Payment 12/29/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Emma Barron			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$1.30

Name of Payee Anedot		Date of Payment 12/29/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Erin Lopez			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$1.30

Name of Payee Anedot		Date of Payment 12/29/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Cathy Curley			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$2.30

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Cristin McCarthy Vahey 2026	January 10 Filing - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee Anedot		Date of Payment 12/29/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Steven Sheinberg			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum N		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$0.50

Name of Payee Anedot		Date of Payment 12/29/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Amy Sheinberg			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum N		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$0.50

Name of Payee Anedot		Date of Payment 12/29/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Loretta Jay			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum N		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$4.30

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Cristin McCarthy Vahey 2026	January 10 Filing - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee Anedot		Date of Payment 12/29/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Jay Wolk			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$4.30

Name of Payee Anedot		Date of Payment 12/30/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Brian Avallone			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$0.50

Name of Payee Anedot		Date of Payment 12/30/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Thomas Lambert			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$1.30

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Cristin McCarthy Vahey 2026	January 10 Filing - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee Anedot		Date of Payment 12/30/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: John Capozzi			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$2.30

Name of Payee Anedot		Date of Payment 12/30/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Jeffrey Wilson			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$2.30

Name of Payee Anedot		Date of Payment 12/30/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Mary Hogue			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$1.30

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Cristin McCarthy Vahey 2026	January 10 Filing - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee Anedot		Date of Payment 12/30/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Guy Gleysteen			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$1.30

Name of Payee Anedot		Date of Payment 12/30/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Sara Gleysteen			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$1.30

Name of Payee Anedot		Date of Payment 12/30/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Emma Gleysteen			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$1.30

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Cristin McCarthy Vahey 2026	January 10 Filing - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee Anedot		Date of Payment 12/30/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Marcy Spolyar			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$1.30

Name of Payee Anedot		Date of Payment 12/30/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Donna DiCarlo			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$0.70

Name of Payee Anedot		Date of Payment 12/30/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Neal Fink			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$0.70

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Cristin McCarthy Vahey 2026	January 10 Filing - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee Anedot		Date of Payment 12/30/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Pamela Fink			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$0.70

Name of Payee Anedot		Date of Payment 12/30/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Maureen Graney			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$2.30

Name of Payee Anedot		Date of Payment 12/31/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Jeff Vilenski			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$0.70

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Cristin McCarthy Vahey 2026	January 10 Filing - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee Anedot		Date of Payment 12/31/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Debbie Goldstein			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$1.30

Name of Payee Anedot		Date of Payment 12/31/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Stephen Grathwohl			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$4.30

Name of Payee Anedot		Date of Payment 12/31/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Amanda Morgan			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$2.30

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Cristin McCarthy Vahey 2026	January 10 Filing - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee Anedot		Date of Payment 12/31/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Heather DeMarche			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$0.70

Name of Payee Anedot		Date of Payment 12/31/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Nancy A Dallavalle			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$4.30

Name of Payee Anedot		Date of Payment 12/31/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Jamie Karson			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$0.50

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Cristin McCarthy Vahey 2026	January 10 Filing - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee Anedot		Date of Payment 12/31/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Kevin Coyne			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$1.30

Name of Payee Anedot		Date of Payment 12/31/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Tom Corsillo			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$1.30

Name of Payee Anedot		Date of Payment 12/31/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Gerarda Pires			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$0.50

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Cristin McCarthy Vahey 2026	January 10 Filing - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee Anedot		Date of Payment 12/31/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Carolyn Kamlet			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$1.30

Name of Payee Anedot		Date of Payment 12/31/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Fatima Randolph			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$1.30

Name of Payee Anedot		Date of Payment 12/31/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Katherine Corsillo			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$0.50

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Cristin McCarthy Vahey 2026	January 10 Filing - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee Anedot		Date of Payment 12/31/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Steven Rosato			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$1.30

Name of Payee Anedot		Date of Payment 12/31/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Suzanne Olsen			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$2.30

Name of Payee Anedot		Date of Payment 12/31/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Daniel Vahey			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$0.50

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Cristin McCarthy Vahey 2026	January 10 Filing - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee Anedot		Date of Payment 12/31/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: William Schaberg			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$10.30

Name of Payee Anedot		Date of Payment 12/31/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Nancy Lefkowitz			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$0.70

Name of Payee Anedot		Date of Payment 12/31/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Betsy Elrick			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$2.30

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Cristin McCarthy Vahey 2026	January 10 Filing - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee Anedot		Date of Payment 12/31/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Mairead Coyne			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$0.50

Name of Payee Anedot		Date of Payment 12/31/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Leona Spolyar			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$0.50

Name of Payee Anedot		Date of Payment 12/31/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Karen Wackerman			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$1.30

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Cristin McCarthy Vahey 2026	January 10 Filing - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee Anedot		Date of Payment 12/31/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Maureen Graney			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$0.70

Name of Payee Anedot		Date of Payment 12/31/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Joseph Siebert			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$1.30

Name of Payee Anedot		Date of Payment 12/31/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: David Slepian			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$1.30

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Cristin McCarthy Vahey 2026	January 10 Filing - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee Anedot		Date of Payment 12/31/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Deborah Dwyer			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$0.70

Name of Payee Anedot		Date of Payment 12/31/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: John Warburg			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$0.70

Name of Payee Anedot		Date of Payment 12/31/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Philip Dwyer			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$0.70

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Cristin McCarthy Vahey 2026	January 10 Filing - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee Anedot		Date of Payment 12/31/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Kenneth Lee			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$1.30

Name of Payee Anedot		Date of Payment 12/31/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Jessica Lee			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$1.30

Name of Payee Anedot		Date of Payment 12/31/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Will Diaz			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$0.70

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Cristin McCarthy Vahey 2026	January 10 Filing - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee Anedot		Date of Payment 12/31/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Rachel Dreyfus			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$1.30

Name of Payee Anedot		Date of Payment 12/31/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Leonora Campbell			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$1.30

Name of Payee Anedot		Date of Payment 12/31/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Gilbert C Donovan			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$4.30

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Cristin McCarthy Vahey 2026	January 10 Filing - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee Anedot		Date of Payment 12/31/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Todd Agee			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$1.30

Name of Payee Anedot		Date of Payment 12/31/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Megan O'Rourke			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$0.70

Name of Payee Anedot		Date of Payment 12/31/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Caitlin Agee			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$0.50

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Cristin McCarthy Vahey 2026	January 10 Filing - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee Anedot		Date of Payment 12/31/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Claire Agee			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$0.70

Name of Payee Anedot		Date of Payment 12/31/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Douglas Brown			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$2.30

Name of Payee Anedot		Date of Payment 12/31/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Susanna jalkut			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$4.30

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Cristin McCarthy Vahey 2026	January 10 Filing - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee Anedot		Date of Payment 12/31/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: William Vitale			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$1.30

Name of Payee Anedot		Date of Payment 12/31/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Kristin O'Neill			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$1.30

Name of Payee Anedot		Date of Payment 12/31/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: Spencer Littman			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$1.30

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

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

**N. Expenses Paid By Committee**

Name of Payee Anedot		Date of Payment 12/31/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Transaction fee: David Krasnoff			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Expenditure # (if applicable)	Event #	\$1.30
If yes, assign an Expenditure # and complete Itemization in Addendum N				
<b>Total of Section N</b>				<b>\$331.30</b>

**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	Amount
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
Cristin McCarthy Vahey 2026	January 10 Filing - Amendment

**P. Expenses Incurred on Committee Credit Card**

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

**Total of Section P****IV. EXPENDITURES (Sections N - S)**

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

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

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

**Total of Section Q**

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

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

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

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

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

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

**S. Surplus Distribution of Equipment and Furniture**

Name of Recipient				
Street Address	City	State	Zip Code	Original Purchase Amount of Item
Description of Item				
<b>Total of Section S</b>				

<b>Section J4. ADDENDUM</b>	
NAME OF COMMITTEE	TYPE OF REPORT
<b>J4. In - Kind Donations Not Considered Contribution Associated with a House Party - Addendum</b>	
<b>Event #</b>	
Name of Candidate	

<b>Section N. ADDENDUM</b>	
NAME OF COMMITTEE	TYPE OF REPORT
<b>N. Expenses Paid By Committee - Addendum</b>	
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