

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

Revised February 2015



Electronic Filing

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Page 1 of 113

COVER PAGE

1. NAME OF COMMITTEE				2. TYPE OF COMMITTEE	
Laroche4CT				☒ Candidate Committee ☐ Exploratory Committee	
3. TREASURER NAME					
First	MI	Last		Suffix	
Loretta	J	Chory			
4. TREASURER ADDRESS					
Street Address	City	State	Zip Code		
18 Brookside Ct	Newtown	CT	06470		
5. ELECTION DATE	6. OFFICE SOUGHT (Complete only if Candidate Committee)			7. DISTRICT NUMBER (if applicable)	
11/03/2026	State Senator			S028	
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First	MI	Last		Suffix	
Amybeth		Laroche			
9. TYPE OF REPORT					
July 10 Filing - Original					
10. PERIOD COVERED					
Beginning Date Ending Date					
04/01/2026 thru 06/30/2026					
11. CERTIFICATION					
☒ I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.					
Electronic Filing		Loretta Chory		07/05/2026 12:39:41PM	
SIGNATURE		PRINT NAME OF THE SIGNER		DATE CERTIFIED	
A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty of up to \$25,000, unless a fine of a larger amount is otherwise provided for as a maximum fine in the Connecticut General Statutes.					

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised February 2015

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT	
Laroche4CT	July 10 Filing - Original	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		\$0.00
13. Balance on hand at the beginning of Reporting Period	\$7,352.73	
14. Contributions received from Individuals (Section A and B)	\$10,743.00	\$20,846.00
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
16. Other Monetary Receipts (Section D through I)	\$4.22	\$5.47
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	\$0.00	\$0.00
18. Total Monetary Receipts (add totals for lines 14 through 17)	\$10,747.22	\$20,851.47
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$18,099.95	\$20,851.47
20. Expenses Paid by Committee (Section N)	\$5,742.72	\$8,494.24
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns)	\$12,357.23	\$12,357.23
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$0.00
23. In-Kind Donations not Considered Contributions - House Party (Section J4)	\$0.00	\$50.00
24. In-Kind Contributions Received (Section K)	\$0.00	\$0.00
25. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00
26. Beginning Loan Balance	\$0.00	
26a. + Loans Received (Section D)	\$0.00	\$0.00
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
26c. - Payments on Loan(s)	\$0.00	\$0.00
26d. Total Outstanding Loan Amount	\$0.00	
27. Campaign Expenses Paid By Candidate (Section O)	\$732.53	\$1,662.00
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$0.00	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$0.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Laroche4CT		July 10 Filing - Original	
A. Total Contributions from Small Contributors-Received this Period ONLY		For Nonparticipating Candidates ONLY	
		\$0.00	
B. Itemized Contributions from Individuals			

Last Name Arancio		First Debra		MI	Contribution ID # 0191
Residential Street Address 61 Pepperidge Cir		City Fairfield		State CT	Zip Code 06824
Principal Occupation		Name of Employer Willis Towers Watson			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/01/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Arancio		First Olivia		MI L	Contribution ID # 0190
Residential Street Address 61 Pepperidge Cir		City Fairfield		State CT	Zip Code 06824
Principal Occupation paid search advertising		Name of Employer WPPMedia			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/01/2026	Aggregate Contributions \$15.00	\$15.00

Last Name Arancio		First Bianca		MI R	Contribution ID # 0189
Residential Street Address 61 Pepperidge Cir		City Fairfield		State CT	Zip Code 06824
Principal Occupation		Name of Employer The Cookware Company			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/01/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Leclerc		First Matthew		MI	Contribution ID # 0349
Residential Street Address 31 Pilgrim Ln		City Fairfield		State CT	Zip Code 06824
Principal Occupation VP of Operations		Name of Employer RWS Group			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/01/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Keayes		First Margaret		MI	Contribution ID # 0339
Residential Street Address 29 Maltbie Rd		City Newtown		State CT	Zip Code 06470
Principal Occupation Book keeper		Name of Employer Keayes Landscaping			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/01/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Hudak		First Kylie		MI	Contribution ID # 0331
Residential Street Address 53 Riverside Rd		City Sandy Hook		State CT	Zip Code 06482
Principal Occupation student		Name of Employer student			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/01/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Hudak		First Khloe		MI	Contribution ID # 0330
Residential Street Address 53 Riverside Rd		City Sandy Hook		State CT	Zip Code 06482
Principal Occupation student		Name of Employer student			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/01/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Nicoletti		First Ashley		MI	Contribution ID # 0371
Residential Street Address 68 Totem Trl		City Sandy Hook		State CT	Zip Code 06482
Principal Occupation CNA		Name of Employer Always Best Care			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/01/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Pisani		First Eric		MI	Contribution ID # 0383
Residential Street Address 28 Parmalee Hill Rd		City Newtown		State CT	Zip Code 06470
Principal Occupation Shipping Clerk		Name of Employer New Directions			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/02/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Villar		First Heather		MI A	Contribution ID # 0187
Residential Street Address 1538 Jennings Rd		City Fairfield		State CT	Zip Code 06824
Principal Occupation R.N.		Name of Employer Griffin Hospital			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/02/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Villar		First Roberto		MI A	Contribution ID # 0186
Residential Street Address 1538 Jennings Rd		City Fairfield		State CT	Zip Code 06824
Principal Occupation R.N.		Name of Employer Norwalk Hospital			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/02/2026	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
Laroche4CT	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name DelVecchio		First Daniel		MI A	Contribution ID # 0205
Residential Street Address 6 Birch Rise Dr		City Newtown		State CT	Zip Code 06470
Principal Occupation Retired		Name of Employer Retired			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/02/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Sell		First Chris		MI	Contribution ID # 0204
Residential Street Address 46 Benedict Rd		City Bethel		State CT	Zip Code 06801
Principal Occupation		Name of Employer None			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/02/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Sell		First Patricia		MI	Contribution ID # 0203
Residential Street Address 46 Benedict Rd		City Bethel		State CT	Zip Code 06801
Principal Occupation Retired		Name of Employer Retired			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/02/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Collins		First Jeffrey		MI	Contribution ID # 0288
Residential Street Address 757 Reef Rd		City Fairfield		State CT	Zip Code 06824
Principal Occupation Warehouse manager		Name of Employer Dacor			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/03/2026	Aggregate Contributions \$10.00	\$10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Collins		First Emma		MI	Contribution ID # 0287
Residential Street Address 757 Reef Rd		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? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/03/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Pesci, Jr.		First James		MI	Contribution ID # 0380
Residential Street Address 49 Sachem Rd		City Fairfield		State CT	Zip Code 06825
Principal Occupation Executive VP		Name of Employer Pyramid Global Hospitality			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/03/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Pesci		First Madelyn		MI	Contribution ID # 0379
Residential Street Address 49 Sachem Rd		City Fairfield		State CT	Zip Code 06825
Principal Occupation Bursar		Name of Employer Diocese of Bridgeport			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/03/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Keayes		First John		MI	Contribution ID # 0338
Residential Street Address 29 Maltbie Rd		City Newtown		State CT	Zip Code 06470
Principal Occupation Owner		Name of Employer Keayes Landscaping			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/03/2026	Aggregate Contributions \$15.00	\$10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Hanley		First Timothy		MI	Contribution ID # 0321
Residential Street Address 3 Fox Run Ln S		City Newtown		State CT	Zip Code 06470
Principal Occupation Financial Advisor		Name of Employer NML			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/03/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Hanley		First Doris		MI	Contribution ID # 0320
Residential Street Address 3 Fox Run Ln S		City Newtown		State CT	Zip Code 06470
Principal Occupation retired		Name of Employer retired			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/03/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Keayes		First Victoria		MI C	Contribution ID # 0197
Residential Street Address 29 Maltbie Rd		City Newtown		State CT	Zip Code 06470
Principal Occupation Event Manager		Name of Employer Heady Lane Hospitality			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/04/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Keayes		First Austin		MI C	Contribution ID # 0196
Residential Street Address 29 Maltbie Rd		City Newtown		State CT	Zip Code 06470
Principal Occupation Student		Name of Employer Student			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/04/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Keayes		First John		MI F	Contribution ID # 0195
Residential Street Address 29 Maltbie Rd		City Newtown		State CT	Zip Code 06470
Principal Occupation Owner		Name of Employer Keayes Landscape			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/04/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Keayes		First Zachary		MI A	Contribution ID # 0194
Residential Street Address 29 Maltbie Rd		City Newtown		State CT	Zip Code 06470
Principal Occupation Student		Name of Employer Student			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/04/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Keayes		First Wesly		MI J	Contribution ID # 0192
Residential Street Address 29 Maltbie Rd		City Newtown		State CT	Zip Code 06470
Principal Occupation Student		Name of Employer Student			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/04/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Perry		First Laurie		MI P	Contribution ID # 0188
Residential Street Address 95 Northfield Rd		City Fairfield		State CT	Zip Code 06824
Principal Occupation Associate		Name of Employer VBS Financial Services			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/05/2026	Aggregate Contributions \$40.00	\$40.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Chieffalo		First Salvatore		MI J	Contribution ID # 0202
Residential Street Address 35 Old Bethel Rd		City Newtown		State CT	Zip Code 06470
Principal Occupation Accountant		Name of Employer Mediassociates Inc			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/06/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Pasquarella		First Greg		MI S	Contribution ID # 0201
Residential Street Address 42 Topstone Dr		City Bethel		State CT	Zip Code 06801
Principal Occupation		Name of Employer Ability Beyond			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/06/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Malone		First Diane		MI 	Contribution ID # 0200
Residential Street Address 80 Winton 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? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/06/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Thomas		First Alison		MI H	Contribution ID # 0199
Residential Street Address 15 Butterfield Rd		City Newtown		State CT	Zip Code 06470
Principal Occupation Homemaker		Name of Employer Homemaker			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/06/2026	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
Laroche4CT	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Allgood		First Jay		MI A	Contribution ID # 0209
Residential Street Address 10 Toilsome Ave		City Norwalk		State CT	Zip Code 06851
Principal Occupation Retired		Name of Employer Retired			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/06/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Semosky		First Daniel		MI J	Contribution ID # 0208
Residential Street Address 13 Pine Tree Hill Rd		City Newtown		State CT	Zip Code 06470
Principal Occupation Farmer		Name of Employer Retired State Police Sergeant			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/06/2026	Aggregate Contributions \$10.00	\$10.00

Last Name James		First Arthur		MI F	Contribution ID # 0207
Residential Street Address 15 Pine Tree Hill Rd		City Newtown		State CT	Zip Code 06470
Principal Occupation		Name of Employer None			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/06/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Sutay		First Robert		MI E	Contribution ID # 0206
Residential Street Address 24 Condon Rd		City Oxford		State CT	Zip Code 06478
Principal Occupation		Name of Employer None			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/06/2026	Aggregate Contributions \$20.00	\$20.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Ehrismann		First Peter		MI J	Contribution ID # 0224
Residential Street Address 72 Brookside Trl		City Monroe		State CT	Zip Code 06468
Principal Occupation Owner/Tradesman		Name of Employer PJE Enterprises, LLC			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/06/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Peterson		First John		MI P	Contribution ID # 0223
Residential Street Address 173 Dickinson Dr		City Shelton		State CT	Zip Code 06484
Principal Occupation Engineering Manager		Name of Employer ASML			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/06/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Peterson		First David		MI A	Contribution ID # 0222
Residential Street Address 37 Westwood Dr		City Easton		State CT	Zip Code 06612
Principal Occupation Tool and Die Maker		Name of Employer Bridgeport Tool & Stamping			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/06/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Cornwell		First Geoff		MI E	Contribution ID # 0221
Residential Street Address 1089 Brookside Dr		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? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/06/2026	Aggregate Contributions \$20.00	\$20.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Mizak		First Linda		MI M	Contribution ID # 0220
Residential Street Address 196 Soundview Ave		City Shelton		State CT	Zip Code 06484
Principal Occupation Registered Nurse, EMR Analyst		Name of Employer CT Children's Medical Center			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/06/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Venezia		First John		MI 	Contribution ID # 0219
Residential Street Address 330 Harbor Rd		City Southport		State CT	Zip Code 06890
Principal Occupation Retired		Name of Employer Retired			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/06/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Havanich		First Louis		MI J	Contribution ID # 0218
Residential Street Address 21 Meadowlark Cir		City Monroe		State CT	Zip Code 06468
Principal Occupation Tool and Die Maker		Name of Employer ASML			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/06/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Bacchiocchi		First James		MI F	Contribution ID # 0217
Residential Street Address 98 Perry Hill Rd		City Shelton		State CT	Zip Code 06484
Principal Occupation Remodeler - Residential		Name of Employer Home Crafters Const. Co, LLC			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/06/2026	Aggregate Contributions \$10.00	\$10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Hull, Jr.		First Julius		MI W	Contribution ID # 0216
Residential Street Address 57 Poplar Dr		City Shelton		State CT	Zip Code 06484
Principal Occupation Retired		Name of Employer Retired			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/06/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Gilberti		First Joseph		MI CT	Contribution ID # 0215
Residential Street Address 33 Fieldcrest Dr		City Trumbull		State CT	Zip Code 06611
Principal Occupation Database Administrator		Name of Employer Inoapps			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/06/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Kostopoulos		First Peter		MI J	Contribution ID # 0214
Residential Street Address 26 Ruth St		City Trumbull		State CT	Zip Code 06611
Principal Occupation		Name of Employer			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/06/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Labrecque		First Ronald		MI P	Contribution ID # 0213
Residential Street Address 80 Heritage Rd		City Southbury		State CT	Zip Code 06488
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/06/2026	Aggregate Contributions \$20.00	\$20.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Fox	First Gary	MI L	Contribution ID # 0212
Residential Street Address 421 Elm St	City Monroe	State CT	Zip Code 06468
Principal Occupation Retired	Name of Employer Retired		
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card	Date Received 04/06/2026	Aggregate Contributions \$5.00
			\$5.00

Last Name Uliano	First Dominic	MI CT	Contribution ID # 0211
Residential Street Address 34 Swamp Rd	City Newtown	State CT	Zip Code 06470
Principal Occupation Retired	Name of Employer Retired		
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card	Date Received 04/06/2026	Aggregate Contributions \$10.00
			\$10.00

Last Name Karosy	First Robert	MI D	Contribution ID # 0210
Residential Street Address 270 Colonese Rd	City Fairfield	State CT	Zip Code 06825
Principal Occupation	Name of Employer		
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card	Date Received 04/06/2026	Aggregate Contributions \$20.00
			\$20.00

Last Name Catania	First Charles	MI CT	Contribution ID # 0279
Residential Street Address 19 Island View Dr	City Sherman	State CT	Zip Code 06784
Principal Occupation retired	Name of Employer retired		
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card	Date Received 04/06/2026	Aggregate Contributions \$125.00
			\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Cagle		First Keith		MI	Contribution ID # 0274
Residential Street Address 7 Cardinal Dr		City Shelton		State CT	Zip Code 06484
Principal Occupation Carpenter		Name of Employer Absolute countertops			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/06/2026	Aggregate Contributions \$25.00	\$25.00

Last Name McHugh, Jr		First Harold		MI	Contribution ID # 0249
Residential Street Address 46 Howard Ave		City Norwalk		State CT	Zip Code 06855
Principal Occupation Retired		Name of Employer Retired			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/06/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Foege		First Robert		MI L	Contribution ID # 0243
Residential Street Address 31 Shepard Hill Rd		City Newtown		State CT	Zip Code 06470
Principal Occupation Engineer		Name of Employer SPP			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/06/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Keayes		First Lance		MI C	Contribution ID # 0193
Residential Street Address 29 Maltbie Rd		City Newtown		State CT	Zip Code 06470
Principal Occupation Lawn Care		Name of Employer Keayes Landscape			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/07/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Stolfi		First Jessica		MI	Contribution ID # 0404
Residential Street Address 39 The Blvd		City Newtown		State CT	Zip Code 06470
Principal Occupation Marketing Operations Specialist		Name of Employer Outfront Media			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/07/2026	Aggregate Contributions \$15.00	\$15.00

Last Name Dillon		First Todd		MI	Contribution ID # 0293
Residential Street Address 45 Lockwood Dr		City Watertown		State CT	Zip Code 06795
Principal Occupation Sales		Name of Employer TF GOWEN AND SONS			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 04302026A	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/07/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Wollen		First Dori		MI	Contribution ID # 0422
Residential Street Address 8 Cedar Hill Ln		City Easton		State CT	Zip Code 06612
Principal Occupation retired		Name of Employer retired			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/09/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Pendergast		First Alison		MI M	Contribution ID # 0185
Residential Street Address 19 Riverside Rd		City Sandy Hook		State CT	Zip Code 06482
Principal Occupation None		Name of Employer None			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/09/2026	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
Laroche4CT	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Pendergast		First Maureen		MI E	Contribution ID # 0184
Residential Street Address 19 Riverside Rd		City Sandy Hook		State CT	Zip Code 06482
Principal Occupation Veterinary Technician		Name of Employer Veterinary Centers of America			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/09/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Pendergast		First James		MI P	Contribution ID # 0183
Residential Street Address 19 Riverside Rd		City Sandy Hook		State CT	Zip Code 06482
Principal Occupation student		Name of Employer None			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/09/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Pendergast		First William		MI J	Contribution ID # 0182
Residential Street Address 19 Riverside Rd		City Sandy Hook		State CT	Zip Code 06482
Principal Occupation Owner/Operator		Name of Employer Newtown Garbage Removal LLC			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/09/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Long		First Gina		MI	Contribution ID # 0353
Residential Street Address 35 Poplar Dr		City Sandy Hook		State CT	Zip Code 06482
Principal Occupation Project manager		Name of Employer General Mills			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/13/2026	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
LarocheCT	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name DiSibio		First Michael		MI	Contribution ID # 0294
Residential Street Address 25 Charter Rdg		City Sandy Hook		State CT	Zip Code 06482
Principal Occupation Insurance broker		Name of Employer Marsh			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/14/2026	Aggregate Contributions \$25.00	\$25.00

Last Name McMeniman		First Martha		MI A	Contribution ID # 0180
Residential Street Address 4 Fieldstone Dr		City Newtown		State CT	Zip Code 06470
Principal Occupation Retired		Name of Employer Retired			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/15/2026	Aggregate Contributions \$20.00	\$20.00

Last Name McArthur		First Lori		MI J	Contribution ID # 0198
Residential Street Address 355 Papurah Rd		City Fairfield		State CT	Zip Code 06825
Principal Occupation		Name of Employer None			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/16/2026	Aggregate Contributions \$25.00	\$25.00

Last Name McArthur		First Frank		MI C	Contribution ID # 0250
Residential Street Address 355 Papurah Rd		City Fairfield		State CT	Zip Code 06825
Principal Occupation General Contractor		Name of Employer self-employed			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/16/2026	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
Laroche4CT	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Mastrocco		First Laura		MI	Contribution ID # 0360
Residential Street Address 253 Farhan Ln		City North Babylon		State NY	Zip Code 11703
Principal Occupation Accountant.		Name of Employer Westport corporation			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 04302026A	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/16/2026	Aggregate Contributions \$100.00	\$100.00

Last Name MacDonald		First Joanne		MI M	Contribution ID # 0425
Residential Street Address 32 Modley Rd		City Sharon		State CT	Zip Code 06069
Principal Occupation retired		Name of Employer retired			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/17/2026	Aggregate Contributions \$150.00	\$150.00

Last Name Filiato		First Anthony		MI	Contribution ID # 0303
Residential Street Address 24 Washbrook Rd		City Newtown		State CT	Zip Code 06470
Principal Occupation Attorney		Name of Employer Signal Management Services			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/18/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Eisele		First Joe		MI	Contribution ID # 0298
Residential Street Address 37 Wood View Dr		City Mount Laurel		State NJ	Zip Code 08054
Principal Occupation Client Relations - Automotive Fleet		Name of Employer Holman Enterprises			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/18/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Carlson		First Vikki		MI	Contribution ID # 0276
Residential Street Address 53 Copper Creek Cir		City Newtown		State CT	Zip Code 06470
Principal Occupation School Counselor Director		Name of Employer Danbury Public Schools			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/18/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Agostisi		First James		MI	Contribution ID # 0227
Residential Street Address 31 Potters Ln		City Fairfield		State CT	Zip Code 06824
Principal Occupation Financial Advisor		Name of Employer Ameriprise			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/19/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Agostisi		First Barbara		MI	Contribution ID # 0226
Residential Street Address 31 Potters Ln		City Fairfield		State CT	Zip Code 06824
Principal Occupation		Name of Employer			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/19/2026	Aggregate Contributions \$40.00	\$40.00

Last Name Kocian		First Lisa		MI	Contribution ID # 0341
Residential Street Address 13 Pepperidge Rd		City Newtown		State CT	Zip Code 06470
Principal Occupation Admin		Name of Employer Lm Reid			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/19/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Simon		First Neuseli		MI	Contribution ID # 0399
Residential Street Address 57 Taunton Lake Rd		City Newtown		State CT	Zip Code 06470
Principal Occupation International Compensation Analyst		Name of Employer Cartus Corporation			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/19/2026	Aggregate Contributions \$150.00	\$100.00

Last Name Scinto		First Terri		MI	Contribution ID # 0397
Residential Street Address 37 High Rock Rd		City Sandy Hook		State CT	Zip Code 06482
Principal Occupation Pet Care		Name of Employer Happy Trails Pet Sitting & Dog Walking			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/21/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Millington		First James		MI	Contribution ID # 0365
Residential Street Address 245 Unquowa Rd		City Fairfield		State CT	Zip Code 06824
Principal Occupation Realtor		Name of Employer William Raveis Real Estate			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 04302026A	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/21/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Cohen		First Vered		MI	Contribution ID # 0285
Residential Street Address 108 Nichols 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? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 04302026A	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/21/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Cohen		First Haim		MI	Contribution ID # 0284
Residential Street Address 108 Nichols St		City Fairfield		State CT	Zip Code 06824
Principal Occupation Software Engineering Manager		Name of Employer Bloomberg			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # <u>04302026A</u>	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/21/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Grant		First Michael		MI	Contribution ID # 0313
Residential Street Address 1585 Melville Ave		City Fairfield		State CT	Zip Code 06825
Principal Occupation Production		Name of Employer USI INSURANCE			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/21/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Hall		First Robert		MI H	Contribution ID # 0424
Residential Street Address 5 Nettleton Ave		City Newtown		State CT	Zip Code 06470
Principal Occupation Attorney		Name of Employer self-Robert H Hall P.C.			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/22/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Hall		First Margot		MI S	Contribution ID # 0225
Residential Street Address 5 Nettleton Ave		City Newtown		State CT	Zip Code 06470
Principal Occupation Retired		Name of Employer Retired			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/22/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Hempstead		First Veronica		MI L	Contribution ID # 0179
Residential Street Address 2 Fieldstone Dr		City Newtown		State CT	Zip Code 06470
Principal Occupation Retired		Name of Employer Retired			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/24/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Girgasky		First Joseph		MI J	Contribution ID # 0181
Residential Street Address 7 Lake Rd		City Newtown		State CT	Zip Code 06470
Principal Occupation Retired		Name of Employer Retired			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/24/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Waterbury		First Jim		MI	Contribution ID # 0416
Residential Street Address 159 North St		City Easton		State CT	Zip Code 06612
Principal Occupation retired		Name of Employer retired			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # <u>04302026A</u>	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/24/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Autuori		First Roger		MI	Contribution ID # 0260
Residential Street Address 1310 Melville Ave		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? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # <u>04302026A</u>	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/24/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Beeble		First Timothy		MI	Contribution ID # 0263
Residential Street Address 63 Grassy Plain St		City Bethel		State CT	Zip Code 06801
Principal Occupation Registrar of Voters		Name of Employer Town of Bethel			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/25/2026	Aggregate Contributions \$200.00	\$100.00

Last Name Grimes		First Matthew		MI	Contribution ID # 0316
Residential Street Address 11 Orchard St		City Brookfield		State CT	Zip Code 06804
Principal Occupation Attorney		Name of Employer Matt Grimes Law Firm			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 04302026A	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/26/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Suter		First Katherine		MI	Contribution ID # 0406
Residential Street Address 2461 Walnut Bottom Rd		City York		State PA	Zip Code 17408
Principal Occupation Supervisor Transition Classrooms		Name of Employer Laurel Life			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/26/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Matthews		First Sarah		MI	Contribution ID # 0361
Residential Street Address 230 Penfield Rd		City Fairfield		State CT	Zip Code 06824
Principal Occupation Chief of Staff to the Mayor		Name of Employer Town of Stratford			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 04302026A	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/27/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
LarocheCT	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Fredericks		First Sheila		MI M	Contribution ID # 0178
Residential Street Address 15 Fox Den Rd		City Bethel		State CT	Zip Code 06801
Principal Occupation Minister		Name of Employer Grace Family Church			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/27/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Fredericks		First Barry		MI W	Contribution ID # 0177
Residential Street Address 15 Fox Den Rd		City Bethel		State CT	Zip Code 06801
Principal Occupation Minister		Name of Employer Grace Family Church			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/27/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Sarris		First Jayne		MI	Contribution ID # 0396
Residential Street Address 601 White Plains Rd		City Trumbull		State CT	Zip Code 06611
Principal Occupation Pet sitter		Name of Employer J&M Pet and House Sitting Service			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 04302026A	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/27/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Devine		First Terence		MI	Contribution ID # 0292
Residential Street Address 214 Robin Ln		City Fairfield		State CT	Zip Code 06824
Principal Occupation Finance		Name of Employer Brockton LLC			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/28/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Manusky		First Anne		MI	Contribution ID # 0358
Residential Street Address 20 Morning Glory Dr		City Easton		State CT	Zip Code 06612
Principal Occupation homemaker		Name of Employer homemaker			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 04302026A	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/28/2026	Aggregate Contributions \$100.00	\$50.00

Last Name Astarita		First Kenneth		MI	Contribution ID # 0259
Residential Street Address 199 Southport Woods Dr		City Southport		State CT	Zip Code 06890
Principal Occupation retired		Name of Employer retired			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 04302026A	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/28/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Plitsas		First Alex		MI	Contribution ID # 0384
Residential Street Address 78 Cambridge St		City Fairfield		State CT	Zip Code 06824
Principal Occupation Vice President and Global Industry Principal		Name of Employer Infor			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/28/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Ellis		First Nick		MI	Contribution ID # 0299
Residential Street Address 13 Fawn Rd		City Bethel		State CT	Zip Code 06801
Principal Occupation Gary hawley		Name of Employer Hawley construction			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/29/2026	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
Laroche4CT	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Bennett		First Jennifer		MI	Contribution ID # 0264
Residential Street Address 15 Carriage Dr		City Shelton		State CT	Zip Code 06484
Principal Occupation Assistant Manager		Name of Employer IAA			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 04302026A	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/29/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Paine		First Beth		MI	Contribution ID # 0376
Residential Street Address 185 Canal St		City Shelton		State CT	Zip Code 06484
Principal Occupation Administrative Clinical Coordinator		Name of Employer Integrated Anesthesia Associates			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 04302026A	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/29/2026	Aggregate Contributions \$50.00	\$50.00

Last Name O'Shea		First Amy		MI	Contribution ID # 0373
Residential Street Address 100 Hilary Cir		City Fairfield		State CT	Zip Code 06825
Principal Occupation Attorney & real estate investor		Name of Employer JB Percival Co.			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 04302026A	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/29/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Politi		First Cathy		MI	Contribution ID # 0385
Residential Street Address 48 Barnhill Rd		City Fairfield		State CT	Zip Code 06825
Principal Occupation Registrar of Voters		Name of Employer Town of Fairfield			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 04302026A	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/29/2026	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
Laroche4CT	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Mirabile		First Nicholas		MI	Contribution ID # 0366
Residential Street Address 125 Sycamore Ln		City Fairfield		State CT	Zip Code 06824
Principal Occupation Logistics		Name of Employer Bold Move Logistocs			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Dacey		First Beverlee		MI F	Contribution ID # 0242
Residential Street Address 257 Redding Rd		City Easton		State CT	Zip Code 06612
Principal Occupation Manufacturing		Name of Employer Amodex Products			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 04302026A	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$110.00	\$100.00

Last Name Shostak		First Jackson		MI D	Contribution ID # 0228
Residential Street Address 138 Figlar Ave		City Fairfield		State CT	Zip Code 06824
Principal Occupation Legislative Aide		Name of Employer State of Connecticut			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 04302026A	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Gale		First Hannah		MI	Contribution ID # 0229
Residential Street Address 234 Soundview Ave		City Fairfield		State CT	Zip Code 06825
Principal Occupation Naturopathic Physician		Name of Employer Three Hares Healing			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 04302026A	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/30/2026	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
Laroche4CT	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Capeci		First Tanya		MI S	Contribution ID # 0230
Residential Street Address 52 Bear Hills Rd		City Newtown		State CT	Zip Code 06470
Principal Occupation Homemaker		Name of Employer Homemaker			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 04302026A	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$5.00	\$5.00

Last Name MacGuffie		First Adrienne		MI 	Contribution ID # 0231
Residential Street Address 144 Mayweed 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? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 04302026A	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$220.00	\$120.00

Last Name Ruben		First Benjamin		MI A	Contribution ID # 0232
Residential Street Address 115A Brushy Hill Rd		City Newtown		State CT	Zip Code 06470
Principal Occupation Broker		Name of Employer The BAR Group			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 04302026A	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$150.00	\$50.00

Last Name Shostak		First John		MI 	Contribution ID # 0233
Residential Street Address 138 Figlar Ave		City Fairfield		State CT	Zip Code 06824
Principal Occupation Builder		Name of Employer Shostak Construction			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 04302026A	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Pertoso		First Tracey		MI	Contribution ID # 0378
Residential Street Address 34 Winton Farm Rd		City Newtown		State CT	Zip Code 06470
Principal Occupation Attorney		Name of Employer Sacred Heart University			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 04302026A	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$100.00	\$50.00

Last Name Altobelli		First Eliz		MI	Contribution ID # 0255
Residential Street Address 76 Country Td		City Fairfield		State CT	Zip Code 06824
Principal Occupation Realtor		Name of Employer William RAVEIS			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$75.00	\$75.00

Last Name Barker		First William		MI	Contribution ID # 0262
Residential Street Address 1305 Round Hill Rd		City Fairfield		State CT	Zip Code 06824
Principal Occupation Consulting		Name of Employer Barker Consulting Partners			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 04302026A	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Barker		First Lois		MI	Contribution ID # 0261
Residential Street Address 1305 Round Hill Rd		City Fairfield		State CT	Zip Code 06824
Principal Occupation Ceramic Arts		Name of Employer JeanElton Studio			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 04302026A	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
LarocheCT	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Bernardi		First James		MI	Contribution ID # 0241
Residential Street Address 73 Hattertown		City Newtown		State CT	Zip Code 06470
Principal Occupation Retired		Name of Employer Retired			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 04302026A	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Mordente		First Anthony		MI N	Contribution ID # 0240
Residential Street Address 17 Bayberry Ln		City Levittown		State NY	Zip Code 11756
Principal Occupation Retired		Name of Employer Retired			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 04302026A	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$200.00	\$100.00

Last Name Carroll		First Philip		MI CT	Contribution ID # 0239
Residential Street Address 1 Fieldstone Dr		City Newtown		State CT	Zip Code 06470
Principal Occupation Dept. of Motor Vehicles Agent		Name of Employer State of CT			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 04302026A	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$200.00	\$100.00

Last Name Santa		First John		MI S	Contribution ID # 0238
Residential Street Address 33 Chester Pl		City Southport		State CT	Zip Code 06890
Principal Occupation Corp Director		Name of Employer Santa Holding Co			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 04302026A	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
LarocheCT	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Santa		First Irene		MI M	Contribution ID # 0237
Residential Street Address 33 Chester Pl		City Southport		State CT	Zip Code 06890
Principal Occupation Homemaker		Name of Employer Homemaker			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 04302026A	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Loudon		First Cathy		MI 	Contribution ID # 0236
Residential Street Address 7 Elana Ln		City Sandy Hook		State CT	Zip Code 06482
Principal Occupation Practice Manager		Name of Employer ProHealth Physicians			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 04302026A	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$65.00	\$65.00

Last Name Loudon		First Russell		MI 	Contribution ID # 0235
Residential Street Address 7 Elana Ln		City Sandy Hook		State CT	Zip Code 06482
Principal Occupation superintendent		Name of Employer Fairfield Public Works			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 04302026A	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$65.00	\$65.00

Last Name DeMato		First Michael		MI 	Contribution ID # 0291
Residential Street Address 29 Marne Ave		City Fairfield		State CT	Zip Code 06824
Principal Occupation Advertising Sales		Name of Employer Neptune Retail Solutions			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 04302026A	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$75.00	\$75.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Gelder		First Josh		MI	Contribution ID # 0308
Residential Street Address 301 Derby Ave		City Derby		State CT	Zip Code 06418
Principal Occupation Chief Compliance Officer		Name of Employer United Aero Group			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 04302026A	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$250.00	\$100.00

Last Name Farnen		First Brian		MI	Contribution ID # 0301
Residential Street Address 394 Rowland Rd		City Fairfield		State CT	Zip Code 06824
Principal Occupation Attorney		Name of Employer CT Green Bank			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 04302026A	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Rooney		First Terry		MI	Contribution ID # 0391
Residential Street Address 70 Knapp St		City Monroe		State CT	Zip Code 06468
Principal Occupation Selectman		Name of Employer Monroe			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Widmann		First Constance		MI	Contribution ID # 0417
Residential Street Address 74 Hattertown Rd		City Newtown		State CT	Zip Code 06470
Principal Occupation Realtor		Name of Employer William Raveis			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$150.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Winfield		First Leah		MI	Contribution ID # 0421
Residential Street Address 300 Glover Ave		City Norwalk		State CT	Zip Code 06850
Principal Occupation Lawyer		Name of Employer Freshfields US LLP			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$100.00	\$100.00

Last Name McCarthy		First Thomas		MI	Contribution ID # 0297
Residential Street Address 15 Lovers 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? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Long		First Nancy		MI C	Contribution ID # 0430
Residential Street Address 1161 Catamount Rd		City Fairfield		State CT	Zip Code 06824
Principal Occupation accountant		Name of Employer self-employed			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Long		First Raymond		MI R	Contribution ID # 0429
Residential Street Address 1161 Catamount 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? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/30/2026	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
Laroche4CT	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Harrison		First Alexis		MI	Contribution ID # 0323
Residential Street Address 99 Welch Ter		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? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$35.00	\$35.00

Last Name Harris		First Darrell		MI	Contribution ID # 0322
Residential Street Address 70 Sport Hill Rd		City Easton		State CT	Zip Code 06612
Principal Occupation Co-Owner		Name of Employer Property Concierge LLC			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$50.00	\$50.00

Last Name KOEHM		First Eva		MI	Contribution ID # 0343
Residential Street Address 5 Fernbrook Dr		City Brookfield Center		State CT	Zip Code 06804
Principal Occupation Retired		Name of Employer Retired			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Koehm		First Andy		MI	Contribution ID # 0342
Residential Street Address 5 Fernbrook Dr		City Brookfield		State CT	Zip Code 06804
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Gereg-Bradley		First Joan		MI	Contribution ID # 0309
Residential Street Address 66 Ridgedale Rd		City Bethel		State CT	Zip Code 06801
Principal Occupation retired		Name of Employer retired			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/02/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Thomas		First Dylan		MI	Contribution ID # 0408
Residential Street Address 15 Butterfield Rd		City Newtown		State CT	Zip Code 06470
Principal Occupation Project Manager		Name of Employer Opus AVC			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/02/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Domkowski		First Judy		MI	Contribution ID # 0296
Residential Street Address 42 Regents Park		City Westport		State CT	Zip Code 06880
Principal Occupation retired		Name of Employer retired			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/03/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Christy		First Glenn		MI	Contribution ID # 0282
Residential Street Address 66 Ridgedale Rd		City Bethel		State CT	Zip Code 06801
Principal Occupation retired		Name of Employer retired			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/03/2026	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
Laroche4CT	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Szablak		First Judith		MI	Contribution ID # 0247
Residential Street Address 309 Marlborough Ter		City Fairfield		State CT	Zip Code 06825
Principal Occupation		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: ☐ Executive ☐ Legislative		☐ Yes ☒ No ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/04/2026	Aggregate Contributions \$5.00	\$5.00

Last Name McCormack		First Karen		MI	Contribution ID # 0363
Residential Street Address 305 Winnepogee Dr		City Fairfield		State CT	Zip Code 06825
Principal Occupation Attorney		Name of Employer Law Office of Karen A. McCormack, 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: ☐ Executive ☐ Legislative		☐ Yes ☒ No ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/04/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Furlong		First Angela		MI M	Contribution ID # 0176
Residential Street Address 321 Post Rd		City Fairfield		State CT	Zip Code 06824
Principal Occupation Asst. Town Clerk		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: ☐ Executive ☐ Legislative		☐ Yes ☒ No ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/04/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Quatela		First Denise		MI A	Contribution ID # 0175
Residential Street Address 245 Unquowa Rd # 245		City Fairfield		State CT	Zip Code 06824
Principal Occupation Registrar of Voters		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: ☐ Executive ☐ Legislative		☐ Yes ☒ No ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/04/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Lumaj		First Peter		MI	Contribution ID # 0174
Residential Street Address 745 Mill Plain Rd		City Fairfield		State CT	Zip Code 06824
Principal Occupation Attorney		Name of Employer Lumaj Law Office			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/04/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Ward		First James		MI	Contribution ID # 0415
Residential Street Address 34 Galloping Hill Rd		City Fairfield		State CT	Zip Code 06824
Principal Occupation Consultant		Name of Employer Protiviti			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/04/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Vicente		First Alex		MI	Contribution ID # 0413
Residential Street Address 36 Cumberland Dr		City Bridgeport		State CT	Zip Code 06606
Principal Occupation General Manager		Name of Employer Truck Yeah Media LLC			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/06/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Shea		First Chris		MI	Contribution ID # 0398
Residential Street Address 247 Forest Ln		City Cheshire		State CT	Zip Code 06410
Principal Occupation Firefighter		Name of Employer North Haven			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 04302026A	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/06/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Coe		First Cameron		MI	Contribution ID # 0283
Residential Street Address 8 Scuppo Rd		City Danbury		State CT	Zip Code 06811
Principal Occupation Admissions Team Lead		Name of Employer Post University			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/07/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Bowditch		First Wendy		MI	Contribution ID # 0268
Residential Street Address 70 Todds Way		City Easton		State CT	Zip Code 06612
Principal Occupation retired		Name of Employer retired			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/09/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Linkov		First Ali		MI	Contribution ID # 0352
Residential Street Address 32 Bridge St		City Lambertville		State NJ	Zip Code 08530
Principal Occupation Self Employed		Name of Employer Foxy Reds			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/10/2026	Aggregate Contributions \$136.00	\$136.00

Last Name Langdon		First Lori		MI	Contribution ID # 0347
Residential Street Address 147 Coventry Ln		City Fairfield		State CT	Zip Code 06824
Principal Occupation homemaker		Name of Employer homemaker			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/10/2026	Aggregate Contributions \$250.00	\$250.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Langdon		First Emma		MI	Contribution ID # 0346
Residential Street Address 147 Coventry Ln		City Fairfield		State CT	Zip Code 06824
Principal Occupation Private Tutor		Name of Employer Emma Langdon			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/10/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Cohen		First Jan		MI	Contribution ID # 0173
Residential Street Address 38 Meadowcrest Dr		City Fairfield		State CT	Zip Code 06825
Principal Occupation CFO		Name of Employer Northeast Group			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/10/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Tortora		First Laura		MI	Contribution ID # 0411
Residential Street Address 50 Woodland Rd		City Middlebury		State CT	Zip Code 06762
Principal Occupation homemaker		Name of Employer homemaker			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/10/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Rains		First Alexandra		MI	Contribution ID # 0388
Residential Street Address 3920 Redding Rd		City Fairfield		State CT	Zip Code 06824
Principal Occupation homemaker		Name of Employer homemaker			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/10/2026	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
Laroche4CT	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Puccetti		First Angela		MI	Contribution ID # 0387
Residential Street Address 25 Sanford Dr		City Easton		State CT	Zip Code 06612
Principal Occupation homemaker		Name of Employer homemaker			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/10/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Sperrazza		First Amy		MI	Contribution ID # 0402
Residential Street Address 322 Brambly Hedge Cir		City Fairfield		State CT	Zip Code 06824
Principal Occupation homemaker		Name of Employer homemaker			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/11/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Farnen		First Chad		MI	Contribution ID # 0302
Residential Street Address 394 Rowland 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? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/11/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Nguyen		First Viet		MI Q	Contribution ID # 0172
Residential Street Address 70 Burrwood Cmn		City Fairfield		State CT	Zip Code 06824
Principal Occupation Dentist		Name of Employer Mondovi of Southington Dental			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/11/2026	Aggregate Contributions \$10.00	\$10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Lawrence		First Patricia		MI	Contribution ID # 0348
Residential Street Address 4 Franklin Ct		City Newtown		State CT	Zip Code 06470
Principal Occupation retired		Name of Employer retired			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/13/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Bowditch		First Wendy		MI	Contribution ID # 0269
Residential Street Address 70 Todds Way		City Easton		State CT	Zip Code 06612
Principal Occupation retired		Name of Employer retired			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/13/2026	Aggregate Contributions \$305.00	\$300.00

Last Name Gardner		First Katharine		MI	Contribution ID # 0307
Residential Street Address 10 Russett Rd		City Sandy Hook		State CT	Zip Code 06482
Principal Occupation communications		Name of Employer Bold Ilc			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/13/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Gardner		First Charles		MI	Contribution ID # 0306
Residential Street Address 10 Russett Rd		City Sandy Hook		State CT	Zip Code 06482
Principal Occupation Research Fellow		Name of Employer Mercatus Center			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/13/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Isselee		First Jill		MI	Contribution ID # 0336
Residential Street Address 82 Putnam Park Rd		City Bethel		State CT	Zip Code 06801
Principal Occupation retired		Name of Employer retired			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/14/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Go		First George		MI	Contribution ID # 0311
Residential Street Address 7 Green Pasture Rd		City Bethel		State CT	Zip Code 06801
Principal Occupation retired		Name of Employer retired			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/14/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Andrejczyk		First Robert		MI	Contribution ID # 0258
Residential Street Address 91 Berkshire Rd		City Sandy Hook		State CT	Zip Code 06482
Principal Occupation Part time engineering consulting		Name of Employer RCM Technologies			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/14/2026	Aggregate Contributions \$200.00	\$200.00

Last Name Budd		First Donna		MI	Contribution ID # 0273
Residential Street Address 9 Rose Ln		City Sandy Hook		State CT	Zip Code 06482
Principal Occupation Private teacher		Name of Employer Donna Budd			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/15/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Catania		First Charles		MI	Contribution ID # 0280
Residential Street Address 19 Island View Dr		City Sherman		State CT	Zip Code 06784
Principal Occupation retired		Name of Employer retired			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/17/2026	Aggregate Contributions \$225.00	\$100.00

Last Name Corbett		First Mark		MI	Contribution ID # 0289
Residential Street Address 41 Jo Mar Dr		City Sandy Hook		State CT	Zip Code 06482
Principal Occupation Carpenter		Name of Employer Black Raven Woodworking			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/17/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Wang		First Hsuan-Hui		MI	Contribution ID # 0414
Residential Street Address 46 Village Walk		City Wilton		State CT	Zip Code 06897
Principal Occupation Teacher		Name of Employer New Canaan Public School			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/19/2026	Aggregate Contributions \$100.00	\$50.00

Last Name Zabohonski		First Susan		MI	Contribution ID # 0423
Residential Street Address 28 Werking St		City Plantsville		State CT	Zip Code 06479
Principal Occupation Manager		Name of Employer Village Pet Grooming, LLC			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/19/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Spallino		First Amy		MI	Contribution ID # 0401
Residential Street Address 183 Ridgewood Dr		City Middlebury		State CT	Zip Code 06762
Principal Occupation retired		Name of Employer retired			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/19/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Pendergast		First Mary		MI	Contribution ID # 0377
Residential Street Address 25 Evergreen Rd ; PO Box 503		City Newtown		State CT	Zip Code 06470
Principal Occupation Admin		Name of Employer Newtown			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/19/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Kellerman		First Abbey		MI	Contribution ID # 0340
Residential Street Address 4 Brookfield Ave		City Fairfield		State CT	Zip Code 06825
Principal Occupation Registered Nurse		Name of Employer Yale New Haven Hospital			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/20/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Allan		First John		MI	Contribution ID # 0254
Residential Street Address 68 Tranquility Dr		City Easton		State CT	Zip Code 06612
Principal Occupation Cpa		Name of Employer Self employed			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/20/2026	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
Laroche4CT	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Kurowski		First C. Marcella		MI	Contribution ID # 0344
Residential Street Address 37 W Ridgeland Rd		City Wallingford		State CT	Zip Code 06492
Principal Occupation homemaker		Name of Employer homemaker			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/20/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Manusky		First Anne		MI	Contribution ID # 0359
Residential Street Address 20 Morning Glory Dr		City Easton		State CT	Zip Code 06612
Principal Occupation homemaker		Name of Employer homemaker			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/20/2026	Aggregate Contributions \$115.00	\$15.00

Last Name Boyce		First Donald		MI	Contribution ID # 0270
Residential Street Address 36 Silver Hill Rd		City Easton		State CT	Zip Code 06612
Principal Occupation Sales		Name of Employer MassMutual			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/21/2026	Aggregate Contributions \$300.00	\$300.00

Last Name Herrmann		First Thomas		MI	Contribution ID # 0325
Residential Street Address 75 Kellers Farm Rd		City Easton		State CT	Zip Code 06612
Principal Occupation Private Equity		Name of Employer Stanwich Partners LLC			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/21/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Williams		First Doug		MI	Contribution ID # 0420
Residential Street Address 59 Delaware Rd		City Easton		State CT	Zip Code 06612
Principal Occupation retired		Name of Employer retired			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/21/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Tonon		First Robert		MI	Contribution ID # 0410
Residential Street Address 106 Ashwell Dr		City Plantsville		State CT	Zip Code 06479
Principal Occupation Electrician		Name of Employer Safeguard ElectricLLC			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/21/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Salamone		First Pamela		MI	Contribution ID # 0395
Residential Street Address 659 Cornwall Ave		City Cheshire		State CT	Zip Code 06410
Principal Occupation homemaker		Name of Employer homemaker			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/21/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Rau		First Lynnae		MI	Contribution ID # 0389
Residential Street Address 15 Taunton Ln		City Newtown		State CT	Zip Code 06470
Principal Occupation retired		Name of Employer retired			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/22/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Thomas		First Lukas		MI	Contribution ID # 0409
Residential Street Address 1230 Merritt St		City Fairfield		State CT	Zip Code 06825
Principal Occupation Attorney		Name of Employer Owens, Schine & Nicola, PC			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/22/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Gorman		First Patrick		MI	Contribution ID # 0312
Residential Street Address 36 Hanover Rd		City Newtown		State CT	Zip Code 06470
Principal Occupation retired		Name of Employer retired			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/22/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Gregorio		First Michele		MI	Contribution ID # 0315
Residential Street Address 4 Grove St		City Moodus		State CT	Zip Code 06469
Principal Occupation Realtor / Consultant		Name of Employer Century 21 All Points Realty			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/22/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Hicks		First Gina		MI	Contribution ID # 0327
Residential Street Address 7 Brianna Ln		City Easton		State CT	Zip Code 06612
Principal Occupation retired		Name of Employer retired			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/22/2026	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
Laroche4CT	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Beylouni		First Melissa		MI	Contribution ID # 0266
Residential Street Address 15 Equestrian Rdg		City Newtown		State CT	Zip Code 06470
Principal Occupation homemaker		Name of Employer homemaker			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/22/2026	Aggregate Contributions \$340.00	\$340.00

Last Name McClain		First Mike		MI	Contribution ID # 0362
Residential Street Address 68 Larkey Rd		City Oxford		State CT	Zip Code 06478
Principal Occupation Construction Supervisor		Name of Employer Eversource			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/22/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Poidomani		First Edith		MI M	Contribution ID # 0168
Residential Street Address 5 Curry Dr		City Newtown		State CT	Zip Code 06470
Principal Occupation R.N.		Name of Employer Retired			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/23/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Suffredini		First John		MI	Contribution ID # 0405
Residential Street Address 11 Kachele St		City Easton		State CT	Zip Code 06612
Principal Occupation retired		Name of Employer retired			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/23/2026	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
Laroche4CT	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name HETTERLY		First Mark		MI	Contribution ID # 0326
Residential Street Address 59 Laurel Dr		City Easton		State CT	Zip Code 06612
Principal Occupation retired		Name of Employer retired			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/24/2026	Aggregate Contributions \$10.00	\$10.00

Last Name o'shaughnessy		First james		MI	Contribution ID # 0372
Residential Street Address 102 Queens Grant 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? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/24/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Bartoli		First Phyllis		MI R	Contribution ID # 0167
Residential Street Address 35 Penfield Pl		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? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/24/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Pracilio		First Kymerly		MI H	Contribution ID # 0245
Residential Street Address 80 Campfield Dr		City Fairfield		State CT	Zip Code 06825
Principal Occupation		Name of Employer			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/24/2026	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
Laroche4CT	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Lumaj		First Mary		MI	Contribution ID # 0356
Residential Street Address 745 Mill Plain Rd		City Fairfield		State CT	Zip Code 06824
Principal Occupation Assistant		Name of Employer Lumaj Law Office			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/24/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Lumaj		First Frank		MI	Contribution ID # 0355
Residential Street Address 745 Mill Plain Rd		City Fairfield		State CT	Zip Code 06824
Principal Occupation Project manager		Name of Employer Paramount management homes Inc			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/24/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Lumaj		First Amy		MI	Contribution ID # 0354
Residential Street Address 745 Mill Plain Rd		City Fairfield		State CT	Zip Code 06824
Principal Occupation Teacher		Name of Employer St. Joseph's yorkville			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/24/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Ondy		First Chad		MI E	Contribution ID # 0248
Residential Street Address 8 Abbey Ln		City Newtown		State CT	Zip Code 06470
Principal Occupation Landscaper		Name of Employer Chad's Lawn Care and Tree Service			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/25/2026	Aggregate Contributions \$20.00	\$20.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Pracilio		First Thomas		MI F	Contribution ID # 0170
Residential Street Address 43 Rockview Rd		City Southport		State CT	Zip Code 06890
Principal Occupation Retired		Name of Employer			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/25/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Ondy		First Connie		MI A	Contribution ID # 0169
Residential Street Address 8 Abbey Ln		City Newtown		State CT	Zip Code 06470
Principal Occupation R.N.		Name of Employer State of CT			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/25/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Saksa		First Robert		MI	Contribution ID # 0394
Residential Street Address 105 Dickinson Dr		City Shelton		State CT	Zip Code 06484
Principal Occupation Plumber		Name of Employer Automatic plumbing			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/25/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Ryan		First James		MI	Contribution ID # 0393
Residential Street Address 13 Karen Dr		City Bethel		State CT	Zip Code 06482
Principal Occupation retired		Name of Employer retired			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/25/2026	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
Laroche4CT	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Henneberry		First Kenneth		MI	Contribution ID # 0324
Residential Street Address 31 Deer Run		City Bethel		State CT	Zip Code 06801
Principal Occupation retired		Name of Employer retired			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/25/2026	Aggregate Contributions \$50.00	\$20.00

Last Name Toth		First Sue		MI	Contribution ID # 0412
Residential Street Address 11 Shelton St		City Derby		State CT	Zip Code 06418
Principal Occupation retired		Name of Employer retired			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/25/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Iacono		First Pamela		MI	Contribution ID # 0332
Residential Street Address 68 Phye Rd		City Fairfield		State CT	Zip Code 06824
Principal Occupation homemaker		Name of Employer homemaker			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/26/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Pine		First Ron		MI	Contribution ID # 0382
Residential Street Address 36 Highlawn 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? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/26/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Villar		First Chelsea		MI G	Contribution ID # 0171
Residential Street Address 1538 Jennings Rd		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? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/26/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Colburn		First Collin		MI 	Contribution ID # 0286
Residential Street Address 139 Old Barn Rd		City Fairfield		State CT	Zip Code 06824
Principal Occupation VP, Commerce		Name of Employer Interactive Advertising Bureau			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/26/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Britton		First Peter		MI 	Contribution ID # 0272
Residential Street Address 1301 Mill Hill Rd		City Southport		State CT	Zip Code 06890
Principal Occupation retired		Name of Employer retired			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/26/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Corey		First Kevin		MI M	Contribution ID # 0246
Residential Street Address 10 Carol Ann Dr		City Newtown		State CT	Zip Code 06470
Principal Occupation		Name of Employer			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/26/2026	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
Laroche4CT	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Carlson		First Vikki		MI	Contribution ID # 0277
Residential Street Address 53 Copper Creek Cir		City Newtown		State CT	Zip Code 06470
Principal Occupation School Counselor		Name of Employer Danbury Public Schools			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/27/2026	Aggregate Contributions \$35.00	\$25.00

Last Name Gualtieri		First Shelane		MI	Contribution ID # 0317
Residential Street Address 26 Codfish Hill Rd		City Bethel		State CT	Zip Code 06801
Principal Occupation retired		Name of Employer retired			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/28/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Fairbanks		First Barbara		MI	Contribution ID # 0300
Residential Street Address 152 Church Hill Rd		City Woodbury		State CT	Zip Code 06798
Principal Occupation retired		Name of Employer retired			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/29/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Newton		First Mark		MI	Contribution ID # 0370
Residential Street Address 665 Commerce Dr		City Fairfield		State CT	Zip Code 06825
Principal Occupation Managing Director, Head of Technical Strategy		Name of Employer Fundstrat Gobal Advisors			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/30/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Newton		First Lisa		MI	Contribution ID # 0369
Residential Street Address 665 Commerce Dr		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? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/30/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Accomando		First Robbie		MI	Contribution ID # 0252
Residential Street Address 94 Walnut Tree Hill Rd		City Sandy Hook		State CT	Zip Code 06482
Principal Occupation student		Name of Employer student			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/31/2026	Aggregate Contributions \$5.00	\$5.00

Last Name altobelli		First elizabeth		MI	Contribution ID # 0256
Residential Street Address 76 Country Rd		City Fairfield		State CT	Zip Code 06824
Principal Occupation realtor		Name of Employer william raveis real estate			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/01/2026	Aggregate Contributions \$125.00	\$50.00

Last Name Pontrelli		First Carol		MI	Contribution ID # 0386
Residential Street Address 287 Partridge Ln		City Fairfield		State CT	Zip Code 06824
Principal Occupation finance mgr		Name of Employer henkel			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/01/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Dobrydnio		First Rena		MI	Contribution ID # 0295
Residential Street Address 11 Abbotts Hill Rd		City Newtown		State CT	Zip Code 06470
Principal Occupation retired		Name of Employer retired			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/01/2026	Aggregate Contributions \$50.00	\$50.00

Last Name szablak		First judy		MI	Contribution ID # 0407
Residential Street Address 309 Marlborough Ter		City Fairfield		State CT	Zip Code 06825
Principal Occupation realtor		Name of Employer coldwell banker			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/01/2026	Aggregate Contributions \$10.00	\$5.00

Last Name Iacono		First Pamela		MI	Contribution ID # 0333
Residential Street Address 68 Phye Rd		City Fairfield		State CT	Zip Code 06824
Principal Occupation homemaker		Name of Employer homemaker			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/02/2026	Aggregate Contributions \$20.00	\$10.00

Last Name Accomando		First Danny		MI	Contribution ID # 0251
Residential Street Address 94 Walnut Tree Hill Rd		City Sandy Hook		State CT	Zip Code 06482
Principal Occupation student		Name of Employer student			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/02/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Ferguson		First George		MI T	Contribution ID # 0166
Residential Street Address 15 Mt Nebo Rd		City Newtown		State CT	Zip Code 06470
Principal Occupation Retired		Name of Employer Retired			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/02/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Datin		First Michael		MI	Contribution ID # 0164
Residential Street Address 10 Fieldstone Dr		City Newtown		State CT	Zip Code 06470
Principal Occupation Owner		Name of Employer Datin Bros Inc			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/02/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Datin		First Cynthia		MI M	Contribution ID # 0163
Residential Street Address 10 Fieldstone Dr		City Newtown		State CT	Zip Code 06470
Principal Occupation secretary		Name of Employer Datin Bros Inc			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/02/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Miller-Jones		First Sean		MI	Contribution ID # 0364
Residential Street Address 4A Turkey Roost Rd		City Sandy Hook		State CT	Zip Code 06482
Principal Occupation Sales		Name of Employer Depuy Synthes			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/03/2026	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
Laroche4CT	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Anderson		First Matt		MI	Contribution ID # 0257
Residential Street Address 49 Taunton Hill Rd		City Newtown		State CT	Zip Code 06470
Principal Occupation Editor		Name of Employer Zoom			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/03/2026	Aggregate Contributions \$25.00	\$25.00

Last Name MacGuffie		First Adrienne		MI	Contribution ID # 0357
Residential Street Address 144 Mayweed 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? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/03/2026	Aggregate Contributions \$290.00	\$70.00

Last Name Lindstrom		First Alisha		MI	Contribution ID # 0351
Residential Street Address 2 Castle Ln		City Newtown		State CT	Zip Code 06470
Principal Occupation Executive assistant		Name of Employer Blue star families			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/03/2026	Aggregate Contributions \$15.00	\$15.00

Last Name Foncello		First Martin		MI	Contribution ID # 0304
Residential Street Address 11 Drover Rd		City Brookfield		State CT	Zip Code 06804
Principal Occupation State Representative		Name of Employer State of Connecticut			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/03/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Robertson		First Tiffany		MI	Contribution ID # 0390
Residential Street Address 50 Poverty Hollow Rd		City Newtown		State CT	Zip Code 06470
Principal Occupation Fiduciary Strategist		Name of Employer KeyBank			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/03/2026	Aggregate Contributions \$50.00	\$25.00

Last Name Stabell		First Joshua		MI	Contribution ID # 0403
Residential Street Address 50 Poverty Hollow Rd		City Newtown		State CT	Zip Code 06470
Principal Occupation Driver		Name of Employer WB Mason			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/03/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Roussas		First Nick		MI	Contribution ID # 0392
Residential Street Address 38 Maltbie Rd		City Newtown		State CT	Zip Code 06470
Principal Occupation Owner		Name of Employer Frankie's Diner			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/04/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Mordente		First Anthony		MI	Contribution ID # 0368
Residential Street Address 17 Bayberry Ln		City Levittown		State NY	Zip Code 11756
Principal Occupation retired		Name of Employer retired			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/04/2026	Aggregate Contributions \$340.00	\$140.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Freedman		First Zachary		MI	Contribution ID # 0305
Residential Street Address 4 Laurel Rd		City Newtown		State CT	Zip Code 06470
Principal Occupation Fitness Staff		Name of Employer YMCA			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/04/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Hampton		First Ivyi		MI	Contribution ID # 0319
Residential Street Address 99 Walnut Tree Hill Rd		City Sandy Hook		State CT	Zip Code 06482
Principal Occupation Student		Name of Employer Sally Beauty Supply			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/05/2026	Aggregate Contributions \$30.00	\$30.00

Last Name Hampton		First Dominick		MI	Contribution ID # 0318
Residential Street Address 99 Walnut Tree Hill Rd		City Sandy Hook		State CT	Zip Code 06482
Principal Occupation Student		Name of Employer Caraluzzi			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/05/2026	Aggregate Contributions \$30.00	\$30.00

Last Name Hostetler		First Ken		MI	Contribution ID # 0329
Residential Street Address 39 Currituck Rd		City Newtown		State CT	Zip Code 06470
Principal Occupation retired		Name of Employer retired			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/05/2026	Aggregate Contributions \$20.00	\$10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Hostetler		First Ken		MI	Contribution ID # 0328
Residential Street Address 39 Currituck Rd		City Newtown		State CT	Zip Code 06470
Principal Occupation retired		Name of Employer retired			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/05/2026	Aggregate Contributions \$20.00	\$10.00

Last Name Canfield		First Erica		MI	Contribution ID # 0275
Residential Street Address 7 Fox Run Ln S		City Newtown		State CT	Zip Code 06470
Principal Occupation Registrar of Voters		Name of Employer Town of Newtown			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/05/2026	Aggregate Contributions \$62.00	\$12.00

Last Name Pettinella		First Chris		MI	Contribution ID # 0381
Residential Street Address 69 Old Church Hill Rd		City Trumbull		State CT	Zip Code 06611
Principal Occupation Owner		Name of Employer CA Landscaping			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/06/2026	Aggregate Contributions \$130.00	\$130.00

Last Name Ochs		First William		MI	Contribution ID # 0375
Residential Street Address 31 Old Hawleyville Rd		City Bethel		State CT	Zip Code 06801
Principal Occupation Sales Director		Name of Employer BentiveIQ			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/10/2026	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
Laroche4CT	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Jarvis		First Jennifer		MI	Contribution ID # 0337
Residential Street Address 52 Old Hawleyville Rd		City Bethel		State CT	Zip Code 06801
Principal Occupation Administrative		Name of Employer Grace Family Church			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/10/2026	Aggregate Contributions \$50.00	\$25.00

Last Name Chory		First Loretta		MI	Contribution ID # 0281
Residential Street Address 18 Brookside Ct		City Newtown		State CT	Zip Code 06470
Principal Occupation retired		Name of Employer retired			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/10/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Braun		First Kathryn		MI	Contribution ID # 0271
Residential Street Address 245 Sunnyside Ave		City Fairfield		State CT	Zip Code 06824
Principal Occupation Lawyer		Name of Employer Kathryn L Braun Attorney at Law			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/10/2026	Aggregate Contributions \$25.00	\$25.00

Last Name benson		First dana		MI	Contribution ID # 0265
Residential Street Address 1120 S Hayworth Ave		City Los Angeles		State CA	Zip Code 90035
Principal Occupation investment banker		Name of Employer Weild and Co Inc.			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/10/2026	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
Laroche4CT	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Boczar		First David		MI	Contribution ID # 0267
Residential Street Address 6 Newman Dr		City Easton		State CT	Zip Code 06612
Principal Occupation financial planner		Name of Employer Emerald Wealth Advisors			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/11/2026	Aggregate Contributions \$30.00	\$25.00

Last Name Monsarrat		First Grant		MI	Contribution ID # 0367
Residential Street Address 370 N Park Ave		City Easton		State CT	Zip Code 06612
Principal Occupation retired		Name of Employer retired			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/11/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Improta		First Susan		MI	Contribution ID # 0335
Residential Street Address 11 Highview Ter		City Bethel		State CT	Zip Code 06801
Principal Occupation Insurance Agent		Name of Employer Underwriters, Inc.			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/11/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Improta		First Phillip		MI	Contribution ID # 0334
Residential Street Address 11 Highview Ter		City Bethel		State CT	Zip Code 06801
Principal Occupation Electrician		Name of Employer C&D Custom Electrical, LLC			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/11/2026	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
Laroche4CT	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Fritz-Bolinsky		First Luisa		MI	Contribution ID # 0427
Residential Street Address 3 Wiley Ln		City Newtown		State CT	Zip Code 06470
Principal Occupation retired		Name of Employer retired			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/11/2026	Aggregate Contributions \$5.00	\$5.00

Last Name OBrien		First Gerard		MI	Contribution ID # 0374
Residential Street Address 80 Dogwood Dr		City Easton		State CT	Zip Code 06612
Principal Occupation retired		Name of Employer retired			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/13/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Davis		First Leah		MI	Contribution ID # 0290
Residential Street Address 96 Ludlowe Rd		City Fairfield		State CT	Zip Code 06824
Principal Occupation Human Resources exec		Name of Employer Warner Music Group			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/14/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Greenwald		First Ellen		MI	Contribution ID # 0314
Residential Street Address 127 Orchard Hill 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? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/17/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
LarocheCT	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Silva		First Courtney		MI	Contribution ID # 0165
Residential Street Address 9 Eagle Rock Hill Rd		City Bethel		State CT	Zip Code 06801
Principal Occupation Manager		Name of Employer Airgas			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/18/2026	Aggregate Contributions \$5.00	\$5.00

Last Name LEMIRE		First Laura		MI	Contribution ID # 0350
Residential Street Address 47 Hawleyville Rd		City Bethel		State CT	Zip Code 06801
Principal Occupation Inside Sales Specialist		Name of Employer Airgas			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/19/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Sorfozo		First Kristina		MI	Contribution ID # 0400
Residential Street Address 25 Drewberrie Ln		City Easton		State CT	Zip Code 06612
Principal Occupation Therapist		Name of Employer Internal Wellness			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/19/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Gladden		First Mary		MI	Contribution ID # 0310
Residential Street Address 196 Southport Woods Dr		City Southport		State CT	Zip Code 06890
Principal Occupation retired		Name of Employer retired			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/21/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Alaniello		First Janine		MI	Contribution ID # 0253
Residential Street Address 85 Northfield Rd		City Fairfield		State CT	Zip Code 06824
Principal Occupation Preschool		Name of Employer The nest			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/21/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Carter		First Dan		MI	Contribution ID # 0278
Residential Street Address 14 Katrina Cir		City Bethel		State CT	Zip Code 06801
Principal Occupation First Selectman		Name of Employer Town of Bethel			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/24/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Widmann		First James		MI	Contribution ID # 0419
Residential Street Address 74 Hattertown Rd		City Newtown		State CT	Zip Code 06470
Principal Occupation Inventor		Name of Employer Connecticut Pyro Manufacturing			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/24/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Widmann		First Constance		MI	Contribution ID # 0418
Residential Street Address 74 Hattertown Rd		City Newtown		State CT	Zip Code 06470
Principal Occupation Realtor		Name of Employer William Raveis			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/24/2026	Aggregate Contributions \$175.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Landau		First Jennifer		MI	Contribution ID # 0345
Residential Street Address 13 Wiley Ln		City Newtown		State CT	Zip Code 06470
Principal Occupation retired		Name of Employer retired			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/25/2026	Aggregate Contributions \$105.00	\$5.00

Last Name Jordan		First Kate		MI	Contribution ID # 0426
Residential Street Address 88 Old Hawleyville Rd		City Bethel		State CT	Zip Code 06801
Principal Occupation Skincare/Color consultant		Name of Employer Self-Kate Jordan			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/27/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Hau		First Emily		MI E	Contribution ID # 0428
Residential Street Address 55 Elm St		City Fairfield		State CT	Zip Code 06824
Principal Occupation Executive		Name of Employer Yale University			
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: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$5.00	\$5.00

Total of Section B					\$10,743.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Total on Line 14, Column A of Summary Page)					\$10,743.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					TYPE OF REPORT	
Laroche4CT					July 10 Filing - Original	
C1. Contributions from Other Committees						
Name of Committee				Name of Treasurer		
Address				Is this contribution associated with an event reported in Section J1?		Amount of Contribution
				Yes No 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	
Laroche4CT					July 10 Filing - Original	
C2. Reimbursements or Surplus Distributions from other Committees						
Name of Committee				Name of Treasurer		
Address					Date Received	Amount of Receipt
City	State	Zip Code	Payment Type			
			Reimbursement for shared expense Surplus distribution from exploratory committee			
Expenditure #	Description					
Total of Section C2						

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Laroche4CT	July 10 Filing - Original

D. Loans Received this Period

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

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Laroche4CT	July 10 Filing - Original

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

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

I. Monetary Receipts (Section A-I)	
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NAME OF COMMITTEE	TYPE OF REPORT
Laroche4CT	July 10 Filing - Original

G. Interest from Deposits in Authorized Accounts	
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Name of Institution			Date Received		Amount
Newtown Savings Bank			04/30/2026		
Street Address		City	State	Zip Code	\$1.03
32 Church Hill Rd		Newtown	CT	06470	

Name of Institution			Date Received		Amount
Newtown Savings Bank			05/29/2026		
Street Address		City	State	Zip Code	\$1.33
32 Church Hill Rd		Newtown	CT	06470	

Name of Institution			Date Received		Amount
Newtown Savings Bank			06/30/2026		
Street Address		City	State	Zip Code	\$1.86
32 Church Hill Rd		Newtown	CT	06470	

Total of Section G		\$4.22
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I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Laroche4CT	July 10 Filing - Original

H. Public Grant Funds Received from the Citizens' Election Fund	
2019	0
2020	0
2021	0
2022	0
2023	0
2024	0
2025	0
2026	0
2027	0
2028	0
2029	0
2030	0
2031	0
2032	0
2033	0
2034	0
2035	0
2036	0
2037	0
2038	0
2039	0
2040	0
2041	0
2042	0
2043	0
2044	0
2045	0
2046	0
2047	0
2048	0
2049	0
2050	0
2051	0
2052	0
2053	0
2054	0
2055	0
2056	0
2057	0
2058	0
2059	0
2060	0
2061	0
2062	0
2063	0
2064	0
2065	0
2066	0
2067	0
2068	0
2069	0
2070	0
2071	0
2072	0
2073	0
2074	0
2075	0
2076	0
2077	0
2078	0
2079	0
2080	0
2081	0
2082	0
2083	0
2084	0
2085	0
2086	0
2087	0
2088	0
2089	0
2090	0
2091	0
2092	0
2093	0
2094	0
2095	0
2096	0
2097	0
2098	0
2099	0
2100	0

Purpose of Grant:		Grant Cycle:			Date Received	Amount
Initial	Grant Adjustment	Primary	General Election	Special Election		
Supplemental/Post Election Deficit						

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

NAME OF COMMITTEE				TYPE OF REPORT	
Laroche4CT				July 10 Filing - Original	
I. Miscellaneous Monetary Receipts not Considered Contributions					
Name			Date of Transaction		Amount Received
Street Address	City	State	Zip Code		
Description					
Total of Section I					

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Laroche4CT				July 10 Filing - Original	
J1. Event Information					
Event # Date of Event 04/30/2026	Letter A	Description Cocktail Event			Was this a fundraising event? ☒ Yes ☐ No
Location: Street Address 111 Black Rock Tpke		City Fairfield		State CT	Zip Code 06824
Was this event hosted at a personal residence?		☐ Yes ☒ No		if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.	
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		☐ Yes ☒ No		If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		☐ Yes ☒ No		(If yes, enter Total Receipts here.) \$0.00	
Total of Section J1					\$0.00

II.EVENT ACTIVITY (Sections J1 - J4)

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

TYPE OF REPORT

Laroche4CT

July 10 Filing - Original

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

Sole Proprietorship

Date Received

Event #

Aggregate value for this event

Total of Section J3**II.EVENT ACTIVITY (Sections J1 - J4)**

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

TYPE OF REPORT

Laroche4CT

July 10 Filing - Original

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

Name of Host

Is this event supporting more than one candidate?

Yes

No

If yes, complete Itemization in
Addendum J4

Street Address

City

State

Zip Code

Description of Donation

Fair Market Value of
Donation

Event #

Aggregate value of this Event - all hosts

Aggregate value of all Events - this host/candidate

Total of Section J4

III. NONMONETARY RECEIPTS (Sections K - L)

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

TYPE OF REPORT

Laroche4CT

July 10 Filing - Original

K. In-Kind Contributions

Name

Street Address

City

State

Zip Code

Is this contribution associated with an event reported in Section J1?

Yes

No

Description of In-Kind Contribution

If yes, list Event#

Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?

Yes

No

Is contributor a principal of a state contractor or prospective state contractor?

Yes

No

If yes, indicate which branch or branches of government the contract is with:

Executive

Legislative

Fair Market Value of this Contribution

Type of Contributor:

Individual

Committee

Sole Proprietorship

Date Received

Aggregate contributions

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

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

TYPE OF REPORT

Laroche4CT

July 10 Filing - Original

L. Refundable Deposit to Telephone Company

Last Name of Individual

First Name

MI

Date Deposit Made

Residential Street Address

City

State

Zip Code

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
Laroche4CT	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Anedot		Date of Payment 04/01/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Pay Drive St Ste 1770		City New Orleans		State LA
Zip Code 70112				
Purpose of Expendit WEB	Description Anedot Processing Fees			Amount \$5.90
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot		Date of Payment 04/02/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Pay Drive St Ste 1770		City New Orleans		State LA
Zip Code 70112				
Purpose of Expendit WEB	Description Anedot Processing Fees			Amount \$1.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Elicit Brewing Company - Fairfield		Date of Payment 04/02/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 111 Black Rock Tpke		City Fairfield		State CT
Zip Code 06824				
Purpose of Expendit FOOD	Description This expense is a deposit for an event the campaign was holding on 4/30/26			Amount \$250.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event # 04302026A	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee Anedot		Date of Payment 04/03/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 1340 Pay Drive St Ste 1770		City New Orleans	State LA Zip Code 70112
Purpose of Expendit WEB	Description Anedot Processing Fees		Amount \$9.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot		Date of Payment 04/06/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 1340 Pay Drive St Ste 1770		City New Orleans	State LA Zip Code 70112
Purpose of Expendit WEB	Description Anedot Processing Fees		Amount \$5.60
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot		Date of Payment 04/07/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 1340 Pay Drive St Ste 1770		City New Orleans	State LA Zip Code 70112
Purpose of Expendit WEB	Description Anedot Processing Fees		Amount \$2.20
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Anedot		Date of Payment 04/09/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Pay Drive St Ste 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expendit WEB	Description Anedot Processing Fees			Amount \$1.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot		Date of Payment 04/13/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Pay Drive St Ste 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expendit WEB	Description Anedot Processing Fees			Amount \$1.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot		Date of Payment 04/14/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Pay Drive St Ste 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expendit WEB	Description Anedot Processing Fees			Amount \$1.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee Anedot		Date of Payment 04/16/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 1340 Pay Drive St Ste 1770		City New Orleans	State LA Zip Code 70112
Purpose of Expendit WEB	Description Anedot Processing Fees		Amount \$4.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot		Date of Payment 04/18/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 1340 Pay Drive St Ste 1770		City New Orleans	State LA Zip Code 70112
Purpose of Expendit WEB	Description Anedot Processing Fees		Amount \$4.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot		Date of Payment 04/19/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 1340 Pay Drive St Ste 1770		City New Orleans	State LA Zip Code 70112
Purpose of Expendit WEB	Description Anedot Processing Fees		Amount \$4.80
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Anedot		Date of Payment 04/21/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Pay Drive St Ste 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expendit WEB	Description Anedot Processing Fees			Amount \$13.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot		Date of Payment 04/24/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Pay Drive St Ste 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expendit WEB	Description Anedot Processing Fees			Amount \$6.60
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot		Date of Payment 04/25/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Pay Drive St Ste 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expendit WEB	Description Anedot Processing Fees			Amount \$4.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Anedot		Date of Payment 04/26/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Pay Drive St Ste 1770		City New Orleans		State LA
Zip Code 70112				
Purpose of Expendit WEB	Description Anedot Processing Fees			Amount \$3.60
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot		Date of Payment 04/27/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Pay Drive St Ste 1770		City New Orleans		State LA
Zip Code 70112				
Purpose of Expendit WEB	Description Anedot Processing Fees			Amount \$3.60
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot		Date of Payment 04/28/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Pay Drive St Ste 1770		City New Orleans		State LA
Zip Code 70112				
Purpose of Expendit WEB	Description Anedot Processing Fees			Amount \$20.80
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Anedot		Date of Payment 04/29/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Pay Drive St Ste 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expendit WEB	Description Anedot Processing Fees			Amount \$10.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot		Date of Payment 04/30/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Pay Drive St Ste 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expendit WEB	Description Anedot Processing Fees			Amount \$46.20
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Bob MacGuffie		Date of Payment 04/30/2026	Method of Payment ☒ Check # <u>109</u> ☐ Debit Card ☐ EFT	
Street Address 144 Mayweed Rd		City Fairfield	State CT	Zip Code 06824
Purpose of Expendit RMB	Description Balloons printed with Amybeth Laroche's name as well as plain ones for event at Elicit			Amount \$102.73
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event # 04302026A	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee John Zachos		Date of Payment 05/01/2026	Method of Payment ☒ Check # <u>108</u> ☐ Debit Card ☐ EFT	
Street Address 52 Elm Dr		City Newtown	State CT	Zip Code 06470
Purpose of Expendit RMB	Description Reimburse John for the food bill at our Elicit event. The bank wouldn't accept the debit card transaction since the amount was too high.		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event # 04302026A	\$2,485.09

Name of Payee Anedot		Date of Payment 05/02/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Pay Drive St Ste 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expendit WEB	Description Anedot Processing Fees		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$3.60

Name of Payee Anedot		Date of Payment 05/03/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Pay Drive St Ste 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expendit WEB	Description Anedot Processing Fees		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$3.60

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Anedot		Date of Payment 05/04/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Pay Drive St Ste 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expendit WEB	Description Anedot Processing Fees			Amount \$2.40
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot		Date of Payment 05/06/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Pay Drive St Ste 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expendit WEB	Description Anedot Processing Fees			Amount \$5.60
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot		Date of Payment 05/07/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Pay Drive St Ste 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expendit WEB	Description Anedot Processing Fees			Amount \$1.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Anedot		Date of Payment 05/09/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Pay Drive St Ste 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expendit WEB	Description Anedot Processing Fees			Amount \$0.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot		Date of Payment 05/10/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Pay Drive St Ste 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expendit WEB	Description Anedot Processing Fees			Amount \$19.84
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot		Date of Payment 05/11/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Pay Drive St Ste 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expendit WEB	Description Anedot Processing Fees			Amount \$1.40
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Staples		Date of Payment 05/12/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 67 Newtown Rd Ste 7		City Danbury	State CT	Zip Code 06810
Purpose of Expendit OFFICE	Description Printer paper for printing checks and contribution forms; envelopes for mailing bills and correspondence			Amount \$28.27
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot		Date of Payment 05/13/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Pay Drive St Ste 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expendit WEB	Description Anedot Processing Fees			Amount \$17.20
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot		Date of Payment 05/14/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Pay Drive St Ste 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expendit WEB	Description Anedot Processing Fees			Amount \$11.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Anedot		Date of Payment 05/15/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Pay Drive St Ste 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expendit WEB	Description Anedot Processing Fees			Amount \$0.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Proforma		Date of Payment 05/16/2026	Method of Payment ☒ Check # <u>110</u> ☐ Debit Card ☐ EFT	
Street Address PO Box 640814		City Cincinnati	State OH	Zip Code 45264-0814
Purpose of Expendit A-SIGN	Description 10 Full Color Lawn Signs with Heavy Duty Stakes			Amount \$147.82
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Newown Savings Bank		Date of Payment 05/16/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 39 Main St		City Newtown	State CT	Zip Code 06470
Purpose of Expendit BNK	Description check printing fee			Amount \$3.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Anedot		Date of Payment 05/17/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Pay Drive St Ste 1770		City New Orleans		State LA
Zip Code 70112				
Purpose of Expendit WEB	Description Anedot Processing Fees			Amount \$5.60
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot		Date of Payment 05/19/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Pay Drive St Ste 1770		City New Orleans		State LA
Zip Code 70112				
Purpose of Expendit WEB	Description Anedot Processing Fees			Amount \$8.40
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot		Date of Payment 05/20/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Pay Drive St Ste 1770		City New Orleans		State LA
Zip Code 70112				
Purpose of Expendit WEB	Description Anedot Processing Fees			Amount \$4.80
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Anedot		Date of Payment 05/21/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Pay Drive St Ste 1770		City New Orleans		State LA
Zip Code 70112				
Purpose of Expendit WEB	Description Anedot Processing Fees			Amount \$22.70
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot		Date of Payment 05/22/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Pay Drive St Ste 1770		City New Orleans		State LA
Zip Code 70112				
Purpose of Expendit WEB	Description Anedot Processing Fees			Amount \$20.90
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot		Date of Payment 05/23/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Pay Drive St Ste 1770		City New Orleans		State LA
Zip Code 70112				
Purpose of Expendit WEB	Description Anedot Processing Fees			Amount \$1.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee Anedot		Date of Payment 05/24/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Pay Drive St Ste 1770		City New Orleans		State LA
Zip Code 70112				
Purpose of Expendit WEB	Description Anedot Processing Fees			Amount \$3.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	
Name of Payee Anedot		Date of Payment 05/25/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Pay Drive St Ste 1770		City New Orleans		State LA
Zip Code 70112				
Purpose of Expendit WEB	Description Anedot Processing Fees			Amount \$5.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	
Name of Payee Anedot		Date of Payment 05/26/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Pay Drive St Ste 1770		City New Orleans		State LA
Zip Code 70112				
Purpose of Expendit WEB	Description Anedot Processing Fees			Amount \$8.60
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee Anedot		Date of Payment 05/27/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Pay Drive St Ste 1770		City New Orleans		State LA
Zip Code 70112				
Purpose of Expendit WEB	Description Anedot Processing Fees			Amount \$1.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot		Date of Payment 05/28/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Pay Drive St Ste 1770		City New Orleans		State LA
Zip Code 70112				
Purpose of Expendit WEB	Description Anedot Processing Fees			Amount \$1.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee NameBadge.com		Date of Payment 05/28/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 12240 SW 53rd St		City Cooper City		State FL
Zip Code 33330				
Purpose of Expendit Misc *	Description Name badge for Amybeth Laroche			Amount \$29.83
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee Anedot		Date of Payment 05/29/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 1340 Pay Drive St Ste 1770		City New Orleans	State LA Zip Code 70112
Purpose of Expendit WEB	Description Anedot Processing Fees		Amount \$4.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot		Date of Payment 05/30/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 1340 Pay Drive St Ste 1770		City New Orleans	State LA Zip Code 70112
Purpose of Expendit WEB	Description Anedot Processing Fees		Amount \$6.60
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot		Date of Payment 05/31/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 1340 Pay Drive St Ste 1770		City New Orleans	State LA Zip Code 70112
Purpose of Expendit WEB	Description Anedot Processing Fees		Amount \$0.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Anedot		Date of Payment 06/01/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Pay Drive St Ste 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expendit WEB	Description Anedot Processing Fees			Amount \$5.60
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot		Date of Payment 06/02/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Pay Drive St Ste 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expendit WEB	Description Anedot Processing Fees			Amount \$1.20
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot		Date of Payment 06/03/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Pay Drive St Ste 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expendit WEB	Description Anedot Processing Fees			Amount \$12.90
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee Anedot		Date of Payment 06/04/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Pay Drive St Ste 1770		City New Orleans		State LA
Zip Code 70112				
Purpose of Expendit WEB	Description Anedot Processing Fees			Amount \$7.90
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot		Date of Payment 06/05/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Pay Drive St Ste 1770		City New Orleans		State LA
Zip Code 70112				
Purpose of Expendit WEB	Description Anedot Processing Fees			Amount \$5.18
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot		Date of Payment 06/06/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Pay Drive St Ste 1770		City New Orleans		State LA
Zip Code 70112				
Purpose of Expendit WEB	Description Anedot Processing Fees			Amount \$5.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Anedot		Date of Payment 06/10/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Pay Drive St Ste 1770		City New Orleans		State LA
Zip Code 70112				
Purpose of Expendit WEB	Description Anedot Processing Fees			Amount \$6.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot		Date of Payment 06/11/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Pay Drive St Ste 1770		City New Orleans		State LA
Zip Code 70112				
Purpose of Expendit WEB	Description Anedot Processing Fees			Amount \$6.20
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot		Date of Payment 06/13/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Pay Drive St Ste 1770		City New Orleans		State LA
Zip Code 70112				
Purpose of Expendit WEB	Description Anedot Processing Fees			Amount \$1.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Anedot		Date of Payment 06/14/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Pay Drive St Ste 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expendit WEB	Description Anedot Processing Fees			Amount \$0.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot		Date of Payment 06/17/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Pay Drive St Ste 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expendit WEB	Description Anedot Processing Fees			Amount \$0.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot		Date of Payment 06/19/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Pay Drive St Ste 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expendit WEB	Description Anedot Processing Fees			Amount \$1.20
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Anedot		Date of Payment 06/21/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Pay Drive St Ste 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expendit WEB	Description Anedot Processing Fees			Amount \$1.20
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot		Date of Payment 06/24/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Pay Drive St Ste 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expendit WEB	Description Anedot Processing Fees			Amount \$4.90
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Amybeth Laroche		Date of Payment 06/24/2026	Method of Payment ☒ Check # <u>111</u> ☐ Debit Card ☐ EFT	
Street Address 12 Elana Ln		City Sandy Hook	State CT	Zip Code 06482
Purpose of Expendit RMB	Description Reimburse Amybeth for postage she incurred mailing information to Secretary of State			Amount \$35.90
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Toriana Sauro		Date of Payment 06/25/2026	Method of Payment ☒ Check # <u>113</u> ☐ Debit Card ☐ EFT	
Street Address 18 Kitchawan Rd		City Pound Ridge	State NY	Zip Code 10576
Purpose of Expendit CNSLT	Description Primarily preparing videos, photos and content for social media			Amount \$470.10
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Proforma		Date of Payment 06/25/2026	Method of Payment ☒ Check # <u>112</u> ☐ Debit Card ☐ EFT	
Street Address PO Box 640814		City Cincinnati	State OH	Zip Code 45264-0814
Purpose of Expendit A-OTH	Description 500 Full Color Buttons			Amount \$582.69
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot		Date of Payment 06/25/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Pay Drive St Ste 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expendit WEB	Description Anedot Processing Fees			Amount \$2.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Newtown Community Center		Date of Payment 06/29/2026	Method of Payment ☒ Check # <u>114</u> ☐ Debit Card ☐ EFT	
Street Address 8 Simpson St		City Newtown	State CT	Zip Code 06470
Purpose of Expendit Misc *	Description Rental of room at Newtown Community Center for Campaign Leadership Meeting		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$50.00

Name of Payee Adrienna MacGuffie		Date of Payment 06/30/2026	Method of Payment ☒ Check # <u>701</u> ☐ Debit Card ☐ EFT	
Street Address 144 Mayweed Rd		City Fairfield	State CT	Zip Code 06824
Purpose of Expendit REF	Description Refund cash donation of \$100 max ID#231		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$20.00

Name of Payee James Pendergast		Date of Payment 06/30/2026	Method of Payment ☒ Check # <u>702</u> ☐ Debit Card ☐ EFT	
Street Address 19 Riverside Rd		City Sandy Hook	State CT	Zip Code
Purpose of Expendit REF	Description max donation \$30 for youth ID#183		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$20.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee Adrienna MacGuffie		Date of Payment 06/30/2026	Method of Payment ☒ Check # <u>708</u> ☐ Debit Card ☐ EFT	
Street Address 144 Mayweed Rd		City Fairfield	State CT	Zip Code 06824
Purpose of Expendit RMB	Description Reimburse staff-incurred expense (ballonns, napkins, bubbles)			Amount \$187.78
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Amybeth Laroche		Date of Payment 06/30/2026	Method of Payment ☒ Check # <u>709</u> ☐ Debit Card ☐ EFT	
Street Address 12 Elana Ln		City Sandy Hook	State CT	Zip Code 06482
Purpose of Expendit RMB	Description reimburse candidate incurred expense (includes EFV)			Amount \$696.63
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Total of Section N**\$5,742.72**

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Original

O. Expenses Paid By Candidate

Name of Payee (Name of vendor who candidate paid directly)			Date of Payment		Is Reimbursement Claimed?	
USPS			05/23/2026		☒ Yes ☐ No	
Street Address		City	State	Zip Code	Amount	
5 Commerce Rd		Newtown	CT	06470		
Purpose of Expenditure (by code)	Description		Event #		\$35.90	
POST	Sending paperwork to Secretary of State via Priority Mail Express					
Name of Payee (Name of vendor who candidate paid directly)			Date of Payment		Is Reimbursement Claimed?	
CTGOP			05/23/2026		☒ Yes ☐ No	
Street Address		City	State	Zip Code	Amount	
98 Washington St		Middletown	CT	06082		
Purpose of Expenditure (by code)	Description		Event #		\$312.30	
CNTRB	CTGOP Bush Dinner attendance					
Name of Payee (Name of vendor who candidate paid directly)			Date of Payment		Is Reimbursement Claimed?	
Dunkin Donuts			06/21/2026		☒ Yes ☐ No	
Street Address		City	State	Zip Code	Amount	
6 Queen St		Newtown	CT	06470		
Purpose of Expenditure (by code)	Description		Event #		\$103.59	
FOOD	donuts, coffee (Families Biggest Playday)					
Name of Payee (Name of vendor who candidate paid directly)			Date of Payment		Is Reimbursement Claimed?	
Amazon			06/23/2026		☒ Yes ☐ No	
Street Address		City	State	Zip Code	Amount	
1600 Amphitheatre Pkwy		Mountain View	CA	94043		
Purpose of Expenditure (by code)	Description		Event #		\$30.83	
Misc *	bubble machine					

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Original

O. Expenses Paid By Candidate

Name of Payee (Name of vendor who candidate paid directly)			Date of Payment		Is Reimbursement Claimed?	
The Food Emporium			06/27/2026		☒ Yes ☐ No	
Street Address		City		State	Zip Code	
731 Brookfield Rd		Brookfield		CT	06804	
Purpose of Expenditure (by code)	Description			Event #		Amount
FOOD	water bottles					
						\$21.00

Name of Payee (Name of vendor who candidate paid directly)			Date of Payment		Is Reimbursement Claimed?	
Dunkin Donuts			06/28/2026		☒ Yes ☐ No	
Street Address		City		State	Zip Code	
77 S Main St		Southbury		CT	06488	
Purpose of Expenditure (by code)	Description			Event #		Amount
FOOD	donuts (Families Biggest Playday)					
						\$99.22

Name of Payee (Name of vendor who candidate paid directly)			Date of Payment		Is Reimbursement Claimed?	
Walmart.com			06/28/2026		☒ Yes ☐ No	
Street Address		City		State	Zip Code	
702 SW 8th St		Bentenville		AK	72716	
Purpose of Expenditure (by code)	Description			Event #		Amount
EFV *	pop-up canopy tent					
						\$95.70

Name of Payee (Name of vendor who candidate paid directly)			Date of Payment		Is Reimbursement Claimed?	
Trader Joe's			06/29/2026		☒ Yes ☐ No	
Street Address		City		State	Zip Code	
113 Mill Plain Rd		Danbury		CT	06811-3443	
Purpose of Expenditure (by code)	Description			Event #		Amount
Gift *	outgoing treasurer flowers					
						\$33.99

Total of Section O

\$732.53

IV. EXPENDITURES (Sections N - S)						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT		
Laroche4CT				July 10 Filing - Original		
P. Expenses Incurred on Committee Credit Card						
Name of Issuing Institution			Type of Credit Card: Visa Master Card Discover American Express Other			
Name of Vendor				Date of Transaction		
Street Address			City		State	
					Zip Code	
Purpose of Expenditure (by code)	Description				Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Yes	No	Expenditure # (if applicable)		Event #
If yes, assign an Expenditure # and complete Itemization in Addendum P						
Total of Section P						

IV. EXPENDITURES (Sections N - S)						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT		
Laroche4CT				July 10 Filing - Original		
Q. Expenses Incurred By Committee but Not Paid During this Period						
Name of Creditor				Date Incurred		
Street Address			City		State	
					Zip Code	
Purpose of Expenditure (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
Laroche4CT	July 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant MacGuffie	First Adrienna	MI	Date of Payment to Vendor 03/18/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☒ Check # 708 ☐ Debit Card ☐ EFT
Name of Vendor Paid by Committee Worker/Consultant Amazon				
Street Address of Vendor 410 Terry Ave N		City Seattle		State WA Zip Code 98109
Purpose of Expenditure (by code) Misc *	Description napkins			
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and completes Itemization in Addendum R		Expenditure # (if applicable)	Event #	Amount \$8.85

Last Name of Worker/Consultant MacGuffie	First Adrienna	MI	Date of Payment to Vendor 03/30/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☒ Check # 708 ☐ Debit Card ☐ EFT
Name of Vendor Paid by Committee Worker/Consultant Amazon				
Street Address of Vendor 410 Terry Ave N		City Seattle		State WA Zip Code 98109
Purpose of Expenditure (by code) Misc *	Description napkins			
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and completes Itemization in Addendum R		Expenditure # (if applicable)	Event #	Amount \$8.74

IV. EXPENDITURES (Sections N - S)

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

TYPE OF REPORT

Laroche4CT

July 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant MacGuffie	First Bob	MI	Date of Payment to Vendor 04/21/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☒ Check # 109 ☐ Debit Card ☐ EFT	
Name of Vendor Paid by Committee Worker/Consultant Netbrands Media Corp					
Street Address of Vendor 14550 Beechnut St		City Houston		State TX	Zip Code 77083
Purpose of Expenditure (by code) Misc *	Description logo'd balloons; plain balloons				
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No		Expenditure # (if applicable)		Event # 04302026A	Amount \$77.42
If yes, assign an Expenditure # and completes Itemization in Addendum R					

Last Name of Worker/Consultant MacGuffie	First Bob	MI	Date of Payment to Vendor 04/29/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☒ Check # 109 ☐ Debit Card ☐ EFT	
Name of Vendor Paid by Committee Worker/Consultant Staples					
Street Address of Vendor 1201 Kings Hwy		City Fairfield		State CT	Zip Code 06824
Purpose of Expenditure (by code) Misc *	Description logo'd balloons for 4/30/26 Elicit event				
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No		Expenditure # (if applicable)		Event # 04302026A	Amount \$25.31
If yes, assign an Expenditure # and completes Itemization in Addendum R					

IV. EXPENDITURES (Sections N - S)

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

TYPE OF REPORT

Laroche4CT

July 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant

First

MI

Date of Payment to Vendor

Payment to Reimburse Committee
Worker/Consultant as reported in
Section N:

MacGuffie

Adrienna

04/29/2026

☒ Check # 708☐ Debit Card☐ EFT

Name of Vendor Paid by Committee Worker/Consultant

Staples

Street Address of Vendor

City

State

Zip Code

1201 Kings Hwy

Fairfield

CT

06824

Purpose of Expenditure
(by code)

Description

Misc *

balloons

Is this expenditure coordinated with another candidate for which
reimbursement is sought?☐ Yes☒ NoExpenditure #
(if applicable)

Event #

Amount

If yes, assign an Expenditure # and completes Itemization in Addendum R

\$25.31

Last Name of Worker/Consultant

First

MI

Date of Payment to Vendor

Payment to Reimburse Committee
Worker/Consultant as reported in
Section N:

Zachos

John

04/30/2026

☒ Check # 108☐ Debit Card☐ EFT

Name of Vendor Paid by Committee Worker/Consultant

Elicit Brewing Fairfield

Street Address of Vendor

City

State

Zip Code

111 Black Rock Tpke

Fairfield

CT

06824

Purpose of Expenditure
(by code)

Description

FOOD

food for fundraising cocktail event

Is this expenditure coordinated with another candidate for which
reimbursement is sought?☐ Yes☒ NoExpenditure #
(if applicable)

Event #

Amount

If yes, assign an Expenditure # and completes Itemization in Addendum R

04302026A

\$2,485.09

IV. EXPENDITURES (Sections N - S)

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

TYPE OF REPORT

Laroche4CT

July 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant MacGuffie	First Bob	MI	Date of Payment to Vendor 05/18/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☒ Check # 707 ☐ Debit Card ☐ EFT
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Name of Vendor Paid by Committee Worker/Consultant

24 Hour Wristbands.com

Street Address of Vendor

14550 Beechnut St

City

Houston

State

TX

Zip Code

77083

Purpose of Expenditure
(by code)

A-OTH

Description

logo'd balloons

Is this expenditure coordinated with another candidate for which reimbursement is sought?

☐

Yes

☒

No

Expenditure #
(if applicable)

Event #

Amount

\$128.68

If yes, assign an Expenditure # and completes Itemization in Addendum R

Last Name of Worker/Consultant MacGuffie	First Adrienna	MI	Date of Payment to Vendor 05/21/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☒ Check # 708 ☐ Debit Card ☐ EFT
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Name of Vendor Paid by Committee Worker/Consultant

Amazon

Street Address of Vendor

410 Terry Ave N

City

Seattle

State

WA

Zip Code

98109

Purpose of Expenditure
(by code)

Misc *

Description

balloon tying device

Is this expenditure coordinated with another candidate for which reimbursement is sought?

☐

Yes

☒

No

Expenditure #
(if applicable)

Event #

Amount

\$6.69

If yes, assign an Expenditure # and completes Itemization in Addendum R

IV. EXPENDITURES (Sections N - S)

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

TYPE OF REPORT

Laroche4CT

July 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Laroche	First Amybeth	MI	Date of Payment to Vendor 05/23/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☒ Check # 111 ☐ Debit Card ☐ EFT
Name of Vendor Paid by Committee Worker/Consultant USPS				
Street Address of Vendor 5 Commerce Rd		City Newtown		State CT Zip Code 06470
Purpose of Expenditure (by code) POST	Description Postage to mail package to CT Secretary of State via Priority Mail Express			
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and completes Itemization in Addendum R		Expenditure # (if applicable)	Event #	Amount \$35.90

Last Name of Worker/Consultant MacGuffie	First Adrienna	MI	Date of Payment to Vendor 06/02/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☒ Check # 708 ☐ Debit Card ☐ EFT
Name of Vendor Paid by Committee Worker/Consultant Amazon				
Street Address of Vendor 410 Terry Ave N		City Seattle		State WA Zip Code 98109
Purpose of Expenditure (by code) Misc *	Description bubble bottles			
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and completes Itemization in Addendum R		Expenditure # (if applicable)	Event #	Amount \$53.15

IV. EXPENDITURES (Sections N - S)

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

Laroche4CT

TYPE OF REPORT

July 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant

MacGuffie

First

Adrienna

MI

Date of Payment to Vendor

06/03/2026

Payment to Reimburse Committee Worker/Consultant as reported in Section N:

☒ Check # 708☐ Debit Card☐ EFT

Name of Vendor Paid by Committee Worker/Consultant

Amazon

Street Address of Vendor

410 Terry Ave N

City

Seattle

State

WA

Zip Code

98109

Purpose of Expenditure (by code)

Misc *

Description

bubble machine blower

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

\$31.89

Last Name of Worker/Consultant

MacGuffie

First

Adrienna

MI

Date of Payment to Vendor

06/16/2026

Payment to Reimburse Committee Worker/Consultant as reported in Section N:

☒ Check # 708☐ Debit Card☐ EFT

Name of Vendor Paid by Committee Worker/Consultant

Amazon

Street Address of Vendor

410 Terry Ave N

City

Seattle

State

WA

Zip Code

98109

Purpose of Expenditure (by code)

Misc *

Description

bubble bottles

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

\$53.15

IV. EXPENDITURES (Sections N - S)

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

TYPE OF REPORT

Laroche4CT

July 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant

First

MI

Date of Payment to Vendor

Payment to Reimburse Committee
Worker/Consultant as reported in
Section N:

Pasquarella

Dom

06/29/2026

☒ Check # 706☐ Debit Card☐ EFT

Name of Vendor Paid by Committee Worker/Consultant

Gino's Parlor

Street Address of Vendor

102 Church Hill Rd

City

Newtown

State

CT

Zip Code

06470

Purpose of Expenditure
(by code)

FOOD

Description

pizza @ staff meeting

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

\$103.38

Total of Section R

\$3,043.56**IV. EXPENDITURES (Sectuibs N - S)**

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

TYPE OF REPORT

Laroche4CT

July 10 Filing - Original

S. Surplus Distribution of Equipment and Furniture

Name of Recipient

Street Address

City

State

Zip Code

Original Purchase
Amount of Item

Description of Item

Total of Section S

Section J4. ADDENDUM

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

Section N. ADDENDUM

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

Section P. ADDENDUM

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

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

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