SEEC FORM 30
Itemized Campaign Finance Disclosure Statement
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Revised February 2015

Electronic Filing

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COVER PAGE

1.NAME OF COMMITTEE	2. TYPE OF COMMITTEE
Re-elect Piscopo 2026	[x] Candidate Committee [ ] Exploratory Committee

3. TREASURER NAME

First	MI	Last	Suffix
Ruthann	**H**	**Fainer**	

4. TREASURER ADDRESS

Street Address	City	State	Zip Code
62 Grand St	**Thomaston**	**CT**	**06787**

5. ELECTION DATE	6. OFFICE SOUGHT *(Complete only if Candidate Committee)*	7. DISTRICT NUMBER *(if applicable)*
11/03/2026	**State Representative**	**R076**

8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)

First	MI	Last	Suffix
John	**E**	**Piscopo**	

9. TYPE OF REPORT

July 10 Filing - Original

10. PERIOD COVERED

Beginning Date		Ending Date
04/01/2026	thru	**06/30/2026**

11. CERTIFICATION

[x] 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	**Ruthann Fainer**	**07/02/2026 8:10:35AM**
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	
Re-elect Piscopo 2026	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	**$290.00**	
14. Contributions received from Individuals (Section A and B)	**$7,185.00**	**$7,475.00**
15. Receipts from Other Committees (Sections C1 and C2)	**$0.00**	**$0.00**
16. Other Monetary Receipts (Section D through I)	**$0.04**	**$0.04**
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)	**$7,185.04**	**$7,475.04**
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	**$7,475.04**	**$7,475.04**
20. Expenses Paid by Committee (Section N)	**$0.00**	**$0.00**
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns)	**$7,475.04**	**$7,475.04**
22. In-Kind Donations not Considered Contributions Received (Section J3)	**$0.00**	**$0.00**
23. In-Kind Donations not Considered Contributions - House Party (Section J4)	**$0.00**	**$0.00**
24. In-Kind Contributions Received (Section K)	**$0.00**	**$0.00**
25. Refundable Deposit to Telephone Company (Section L)	**$0.00**	**$0.00**
26. Beginning Loan Balance	**$0.00**	
26a. + Loans Received (Section D)	**$0.00**	**$0.00**
26b. + Interest and Penalties on Loan(s)	**$0.00**	**$0.00**
26c. - Payments on Loan(s)	**$0.00**	**$0.00**
26d. Total Outstanding Loan Amount	**$0.00**	
27. Campaign Expenses Paid By Candidate (Section O)	**$0.00**	**$0.00**
28. Expenses Incurred on Committee Credit Card (Section P)	**$0.00**	**$0.00**
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	**$0.00**	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	**$0.00**	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Re-elect Piscopo 2026	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	First	MI	Contribution ID #
Williams	Thomas	G	0003

Residential Street Address	City	State	Zip Code
1659 Turner Rd	Thomaston	CT	06787

Principal Occupation	Name of Employer
retired	n/a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

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: $50.00

Last Name	First	MI	Contribution ID #
Williams	Ann	S	0004

Residential Street Address	City	State	Zip Code
1659 Turner Rd	Thomaston	CT	06787

Principal Occupation	Name of Employer
retired	n/a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

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: $50.00

Last Name	First	MI	Contribution ID #
Sileo	Richard	A	0005

Residential Street Address	City	State	Zip Code
198 Babbitt Rd	Thomaston	CT	06787

Principal Occupation	Name of Employer
First Selectman	Town of Thomaston

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

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: $50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Re-elect Piscopo 2026

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Sileo	Kathleen		0006

Residential Street Address	City	State	Zip Code
198 Babbitt Rd	Thomaston	CT	06787

Principal Occupation	Name of Employer
Educator	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: $25.00

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

Last Name	First	MI	Contribution ID #
DeFiore	Victor	A	0007

Residential Street Address	City	State	Zip Code
115 Woodruff Ave	Thomaston	CT	06787

Principal Occupation	Name of Employer
retired	n/a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

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

Last Name	First	MI	Contribution ID #
McClen	Susan	F	0008

Residential Street Address	City	State	Zip Code
225 Whetstone Rd	Harwinton	CT	06791

Principal Occupation	Name of Employer
retired	n/a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

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: $50.00

Last Name	First	MI	Contribution ID #
Stevens	Jannette	D	0009

Residential Street Address	City	State	Zip Code
3 Stevens Blvd	Thomaston	CT	06787

Principal Occupation	Name of Employer
retired	n/a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $100.00

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: $100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Re-elect Piscopo 2026

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Fredall	Cynthia		0010

Residential Street Address	City	State	Zip Code
306 North Rd	Harwinton	CT	06791

Principal Occupation	Name of Employer
retired	n/a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

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

Last Name	First	MI	Contribution ID #
Jones	Candace	H	0011

Residential Street Address	City	State	Zip Code
100 Bull Rd	Harwinton	CT	06791

Principal Occupation	Name of Employer
retired	n/a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

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

Last Name	First	MI	Contribution ID #
Olcese	Edward		0012

Residential Street Address	City	State	Zip Code
226 Humiston Cir	Thomaston	CT	06787

Principal Occupation	Name of Employer
retired	n/a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

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: $50.00

Last Name	First	MI	Contribution ID #
Lizotte	Shirley	B	0013

Residential Street Address	City	State	Zip Code
11 Grove St Apt 108	Thomaston	CT	06787

Principal Occupation	Name of Employer
retired	n/a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $10.00

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: $10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Re-elect Piscopo 2026

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Lizotte	Linda	M	0014

Residential Street Address	City	State	Zip Code
11 Grove St Apt 108	Thomaston	CT	06787

Principal Occupation	Name of Employer
Caregiver	Last Post Cat Sanctuary

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $10.00

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	Aggregate Contributions
04/16/2026	$10.00

Last Name	First	MI	Contribution ID #
DeBisschop	Jessie	A	0015

Residential Street Address	City	State	Zip Code
211 Reynolds Bridge Rd	Thomaston	CT	06787

Principal Occupation	Name of Employer
retired	n/a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

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	Aggregate Contributions
04/16/2026	$50.00

Last Name	First	MI	Contribution ID #
Greenwood, Jr.	Roland	F	0016

Residential Street Address	City	State	Zip Code
45 Newton Rd	Northfield	CT	06778

Principal Occupation	Name of Employer
Stump Grinding	Stump Thumpers 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: $50.00

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	Aggregate Contributions
04/16/2026	$50.00

Last Name	First	MI	Contribution ID #
Platt	Edith	V	0017

Residential Street Address	City	State	Zip Code
45 Newton Rd	Thomaston	CT	06778

Principal Occupation	Name of Employer
Director	Thomaston Housing Authority

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

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	Aggregate Contributions
04/16/2026	$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Re-elect Piscopo 2026

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Burr	Michael	E	0018

Residential Street Address	City	State	Zip Code
33 Valley View Rd	Thomaston	CT	06787

Principal Occupation	Name of Employer
retired	n/a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $100.00

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: $100.00

Last Name	First	MI	Contribution ID #
Bingham	Andrea		0019

Residential Street Address	City	State	Zip Code
165 Lake Harwinton Rd	Harwinton	CT	06791

Principal Occupation	Name of Employer
Theatrical Arts Admin	Landmark Community Theatre

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

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: $5.00

Last Name	First	MI	Contribution ID #
Bingham	Dustin		0020

Residential Street Address	City	State	Zip Code
165 Lake Harwinton Rd	Harwinton	CT	06791

Principal Occupation	Name of Employer
Finance	Ward Leonard

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

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: $5.00

Last Name	First	MI	Contribution ID #
Treglia	Frank		0021

Residential Street Address	City	State	Zip Code
222 Clay St	Thomaston	CT	06787

Principal Occupation	Name of Employer
tiler	self

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $10.00

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: 04/20/2026

Aggregate Contributions: $10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Re-elect Piscopo 2026

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Treglia	Sarah		0022

Residential Street Address	City	State	Zip Code
222 Clay St	Thomaston	CT	06787

Principal Occupation	Name of Employer
paraprofessional	BRS - Thomaston BOE

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which 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	Aggregate Contributions	Amount of Contribution
04/20/2026	$10.00	$10.00

Last Name	First	MI	Contribution ID #
Tyler	Heather	G	0023

Residential Street Address	City	State	Zip Code
55 Union St Unit 2	Thomaston	CT	06787

Principal Occupation	Name of Employer
Probate Paralegal	Seabourne, Malley and Turner

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which 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	Aggregate Contributions	Amount of Contribution
04/20/2026	$5.00	$5.00

Last Name	First	MI	Contribution ID #
Schaff	Gary	C	0029

Residential Street Address	City	State	Zip Code
333 Burlington Rd	Harwinton	CT	06791

Principal Occupation	Name of Employer
retired	n/a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which 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	Aggregate Contributions	Amount of Contribution
04/20/2026	$50.00	$50.00

Last Name	First	MI	Contribution ID #
Schaff	Bonnie	L	0028

Residential Street Address	City	State	Zip Code
333 Burlington Rd	Harwinton	CT	06791

Principal Occupation	Name of Employer
retired	n/a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which 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	Aggregate Contributions	Amount of Contribution
04/20/2026	$50.00	$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Re-elect Piscopo 2026

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Janssen	William	F	0027

Residential Street Address	City	State	Zip Code
100 Bull Rd	Harwinton	CT	06791

Principal Occupation: retired
Name of Employer: n/a
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
Amount of Contribution: $50.00
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: 04/20/2026
Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Betts	George	W	0026

Residential Street Address	City	State	Zip Code
1924 Perkins St	Bristol	CT	06010

Principal Occupation: retired
Name of Employer: n/a
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
Amount of Contribution: $100.00
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: 04/20/2026
Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Stancavage	Matthew		0025

Residential Street Address	City	State	Zip Code
65 Clay St	Thomaston	CT	06787

Principal Occupation: Electrician
Name of Employer: MJM Electric 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: $50.00
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: 04/20/2026
Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Bobroske	Tim		0024

Residential Street Address	City	State	Zip Code
141 Burlington Rd	Harwinton	CT	06791

Principal Occupation: builder
Name of Employer: self
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
Amount of Contribution: $100.00
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: 04/20/2026
Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Re-elect Piscopo 2026

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Ellsworth	David	G	0042

Residential Street Address	City	State	Zip Code
175 Punch Brook Rd	Burlington	CT	06013

Principal Occupation: retired
Name of Employer: n/a
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
Amount of Contribution: $100.00
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

Last Name	First	MI	Contribution ID #
Miller	Julie	K	0041

Residential Street Address	City	State	Zip Code
416 Thomaston Rd	Morris	CT	06763

Principal Occupation: Payables/Receivabales
Name of Employer: Nutmeg Spice 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: $340.00
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: $340.00

Last Name	First	MI	Contribution ID #
Gadomski	Sara	J	0040

Residential Street Address	City	State	Zip Code
34 Goodwin Hill Rd	Litchfield	CT	06759

Principal Occupation: retired
Name of Employer: n/a
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
Amount of Contribution: $10.00
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: $10.00

Last Name	First	MI	Contribution ID #
Fainer	Joseph	R	0039

Residential Street Address	City	State	Zip Code
62 Grand St	Thomaston	CT	06787

Principal Occupation: ESH Manager
Name of Employer: Lockheed Martin
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
Amount of Contribution: $75.00
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

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Re-elect Piscopo 2026

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Fainer	Ruthann	H	0038

Residential Street Address	City	State	Zip Code
62 Grand St	Thomaston	CT	06787

Principal Occupation	Name of Employer
Admin. Asst.	STMKP

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $75.00

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

Last Name	First	MI	Contribution ID #
Fainer II	Joseph	R	0037

Residential Street Address	City	State	Zip Code
62 Grand St	Thomaston	CT	06787

Principal Occupation	Name of Employer
Engineer	BD

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

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: $5.00

Last Name	First	MI	Contribution ID #
Fainer	Brendan	P	0036

Residential Street Address	City	State	Zip Code
62 Grand St	Thomaston	CT	06787

Principal Occupation	Name of Employer
engineer	RBC Aerospace

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

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: $5.00

Last Name	First	MI	Contribution ID #
Fainer	Erin	E	0035

Residential Street Address	City	State	Zip Code
62 Grand St	Thomaston	CT	06787

Principal Occupation	Name of Employer
teacher	Thomaston BOE

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

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: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Re-elect Piscopo 2026

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Fainer	Sarah	K	0034

Residential Street Address	City	State	Zip Code
62 Grand St	Thomaston	CT	06787

Principal Occupation: Animal care

Name of Employer: CT Human Society

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

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: $5.00

Last Name	First	MI	Contribution ID #
Fainer	Kiera	L	0033

Residential Street Address	City	State	Zip Code
62 Grand St	Thomaston	CT	06787

Principal Occupation: student

Name of Employer: n/a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

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: $5.00

Last Name	First	MI	Contribution ID #
Morris	Julie	S	0032

Residential Street Address	City	State	Zip Code
5 Hawthorne Ct	Litchfield	CT	06759

Principal Occupation: retired

Name of Employer: n/a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $10.00

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: $10.00

Last Name	First	MI	Contribution ID #
Morris	John		0031

Residential Street Address	City	State	Zip Code
5 Hawthorne Ct	Litchfield	CT	06759

Principal Occupation: financial planning

Name of Employer: John Morris CLU

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $10.00

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: $10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Re-elect Piscopo 2026

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Cicchetti	Michael	H	0030

Residential Street Address	City	State	Zip Code
8 Hutchinson Pkwy	Litchfield	CT	06759

Principal Occupation	Name of Employer
Lawyer	Cicchetti, Tansleyn & McGrath 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: $100.00

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	Aggregate Contributions
04/30/2026	$100.00

Last Name	First	MI	Contribution ID #
Bongiorno	John	P	0045

Residential Street Address	City	State	Zip Code
205 Old South Rd	Litchfield	CT	06759

Principal Occupation	Name of Employer
Senior Solution Consultant	NWW

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

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	Aggregate Contributions
04/30/2026	$25.00

Last Name	First	MI	Contribution ID #
Tobin	Matthew	O	0044

Residential Street Address	City	State	Zip Code
96 Jefferson Hill Rd S	Litchfield	CT	06759

Principal Occupation	Name of Employer
Engineer	O&G Industries, 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: $20.00

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	Aggregate Contributions
04/30/2026	$20.00

Last Name	First	MI	Contribution ID #
Richards-Tobin	Dawn	M	0043

Residential Street Address	City	State	Zip Code
96 Jefferson Hill Rd S .	Litchfield	CT	06759

Principal Occupation	Name of Employer
homemaker	n/a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $20.00

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	Aggregate Contributions
04/30/2026	$20.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Re-elect Piscopo 2026

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Kruclar	Stephen		0055

Residential Street Address	City	State	Zip Code
39 Beecher Ln	Litchfield	CT	06759

Principal Occupation	Name of Employer
Marketing	Cellidatas Theraputics

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

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

Last Name	First	MI	Contribution ID #
Gadomski	Edward		0054

Residential Street Address	City	State	Zip Code
34 Goodwin Hill Rd	Litchfield	CT	06759

Principal Occupation	Name of Employer
retired	n/a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $10.00

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: $10.00

Last Name	First	MI	Contribution ID #
Brault	Susan	A	0053

Residential Street Address	City	State	Zip Code
74 Barberry Dr	Burlington	CT	06013

Principal Occupation	Name of Employer
Sales & Marketing	Cigna Healthcare

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

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: $50.00

Last Name	First	MI	Contribution ID #
Brault	Michael		0052

Residential Street Address	City	State	Zip Code
74 Barberry Dr	Burlington	CT	06013

Principal Occupation	Name of Employer
President	Ultimate Companies

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

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: $50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Re-elect Piscopo 2026

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Tingle	Richard	W	0051

Residential Street Address	City	State	Zip Code
27 Lattin Hill Rd	Thomaston	CT	06787

Principal Occupation	Name of Employer
retired	n/a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

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: $25.00

Last Name	First	MI	Contribution ID #
Tingle	Yvette	B	0050

Residential Street Address	City	State	Zip Code
27 Lattin Hill Rd	Thomaston	CT	06787

Principal Occupation	Name of Employer
retired	n/a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

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: $25.00

Last Name	First	MI	Contribution ID #
Russo	Janet		0049

Residential Street Address	City	State	Zip Code
54 Mountain View Dr	Harwinton	CT	06791

Principal Occupation	Name of Employer
retired	n/a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $10.00

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: $10.00

Last Name	First	MI	Contribution ID #
Grohs	Frederick	H	0048

Residential Street Address	City	State	Zip Code
36 Hilltop Ave	Thomaston	CT	06787

Principal Occupation	Name of Employer
retired	n/a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

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: $50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Re-elect Piscopo 2026

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Mone	Eileen		0047

Residential Street Address	City	State	Zip Code
100 Woodruff Ave	Thomaston	CT	06787

Principal Occupation	Name of Employer
retired	n/a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

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: $50.00

Last Name	First	MI	Contribution ID #
Mone	Edmond	V	0046

Residential Street Address	City	State	Zip Code
100 Woodruff Ave	Thomaston	CT	06787

Principal Occupation	Name of Employer
retired	n/a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

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: $50.00

Last Name	First	MI	Contribution ID #
Rogozinski	Peter	P	0103

Residential Street Address	City	State	Zip Code
22 Autumn Way	Unionville	CT	06085

Principal Occupation	Name of Employer
retired	n/a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $300.00

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: $300.00

Last Name	First	MI	Contribution ID #
West III	Clifford	C	0102

Residential Street Address	City	State	Zip Code
29 Judson St	Thomaston	CT	06787

Principal Occupation	Name of Employer
sales/marketing/media	RR Donnelley

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $15.00

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: $15.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Re-elect Piscopo 2026

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
West	Lisa	B	0101

Residential Street Address	City	State	Zip Code
29 Judson St	Thomaston	CT	06787

Principal Occupation: retired

Name of Employer: n/a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $15.00

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: $15.00

Last Name	First	MI	Contribution ID #
Hyres	Mary	A	0100

Residential Street Address	City	State	Zip Code
51 Grand St	Thomaston	CT	06787

Principal Occupation: retired

Name of Employer: n/a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

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: $50.00

Last Name	First	MI	Contribution ID #
Kaniewski	James		0099

Residential Street Address	City	State	Zip Code
1683 Turner Rd	Thomaston	CT	06787

Principal Occupation: real estate

Name of Employer: self

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $100.00

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: $100.00

Last Name	First	MI	Contribution ID #
Roberts	Koriann		0098

Residential Street Address	City	State	Zip Code
3 Withe Pass	Burlington	CT	06013

Principal Occupation: Sr. Project Manager

Name of Employer: Potum

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $150.00

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: $150.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Re-elect Piscopo 2026

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Colavecchio	Alexandra	A	0097

Residential Street Address	City	State	Zip Code
52 Lynnrich Dr W	Thomaston	CT	06787

Principal Occupation: Analyst

Name of Employer: United Healthcare

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

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

Last Name	First	MI	Contribution ID #
Colavecchio	David	J	0096

Residential Street Address	City	State	Zip Code
52 Lynnrich Dr W	Thomaston	CT	06787

Principal Occupation: Aircraft Dispatcher

Name of Employer: Raytheon

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

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

Last Name	First	MI	Contribution ID #
Williams	James	D	0095

Residential Street Address	City	State	Zip Code
87 County Line Rd	Harwinton	CT	06791

Principal Occupation: retired

Name of Employer: n/a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

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: $25.00

Last Name	First	MI	Contribution ID #
Barry	Tamara	L	0094

Residential Street Address	City	State	Zip Code
195 Mansfield Rd	Harwinton	CT	06791

Principal Occupation: retired

Name of Employer: n/a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

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: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Re-elect Piscopo 2026

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Barry	Robert	T	0093

Residential Street Address	City	State	Zip Code
195 Mansfield Rd	Harwinton	CT	06791

Principal Occupation	Name of Employer
retired	n/a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

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: $25.00

Last Name	First	MI	Contribution ID #
Ellsworth	Joanne	B	0092

Residential Street Address	City	State	Zip Code
175 Punch Brook Rd	Burlington	CT	06013

Principal Occupation	Name of Employer
retired	n/a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $100.00

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: $100.00

Last Name	First	MI	Contribution ID #
Bongiorno	Dana	S	0091

Residential Street Address	City	State	Zip Code
205 Old South Rd	Litchfield	CT	06759

Principal Occupation	Name of Employer
waitress/bartender	Crabby Al's

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

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: $25.00

Last Name	First	MI	Contribution ID #
Rusgrove	Donna	G	0090

Residential Street Address	City	State	Zip Code
15 Polly Dan Rd	Burlington	CT	06013

Principal Occupation	Name of Employer
Registrar of Voters	Town of Burlington

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

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: $50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Re-elect Piscopo 2026

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Rusgrove	Jay	B	0089

Residential Street Address	City	State	Zip Code
15 Polly Dan Rd	Burlington	CT	06013

Principal Occupation: owner

Name of Employer: Advance Receiver Research

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $100.00

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: $100.00

Last Name	First	MI	Contribution ID #
Greenwood	David	J	0088

Residential Street Address	City	State	Zip Code
24 Buell Rd S	Litchfield	CT	06759

Principal Occupation: mason

Name of Employer: self

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $20.00

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: $20.00

Last Name	First	MI	Contribution ID #
Hills	Sawn	L	0087

Residential Street Address	City	State	Zip Code
46 Newton Rd	Northfield	CT	06778

Principal Occupation: Auditor

Name of Employer: Servbank

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

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

Last Name	First	MI	Contribution ID #
Hills	Donald	T	0086

Residential Street Address	City	State	Zip Code
46 Newton Rd	Northfield	CT	06778

Principal Occupation: Tool & Die

Name of Employer: Century Spring

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

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

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Re-elect Piscopo 2026

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Turner	Louise	B	0085

Residential Street Address	City	State	Zip Code
399 Walnut Hill Rd	Thomaston	CT	06787

Principal Occupation	Name of Employer
retired	n/a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

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: $25.00

Last Name	First	MI	Contribution ID #
Turner	Steve	R	0084

Residential Street Address	City	State	Zip Code
399 Walnut Hill Rd	Thomaston	CT	06787

Principal Occupation	Name of Employer
retired	n/a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

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: $25.00

Last Name	First	MI	Contribution ID #
Riley	Michael	J	0083

Residential Street Address	City	State	Zip Code
52 Grove St	Thomaston	CT	06787

Principal Occupation	Name of Employer
lobbyist	52 Grove St. 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: $50.00

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: $50.00

Last Name	First	MI	Contribution ID #
Riley	Kathleen	M	0082

Residential Street Address	City	State	Zip Code
52 Grove St	Thomaston	CT	06787

Principal Occupation	Name of Employer
retired	n/a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No

Amount of Contribution: $50.00

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: $50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Re-elect Piscopo 2026

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Johnston	Dean	E	0081

Residential Street Address	City	State	Zip Code
81 Grand St	Thomaston	CT	06787

Principal Occupation: retired
Name of Employer: n/a
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
Amount of Contribution: $50.00
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: $50.00

Last Name	First	MI	Contribution ID #
Lamothe	Robert	L	0080

Residential Street Address	City	State	Zip Code
89 Stone Rd	Burlington	CT	06013

Principal Occupation: Farmer
Name of Employer: self
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
Amount of Contribution: $50.00
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: $50.00

Last Name	First	MI	Contribution ID #
Booth, Jr.	Edwin	G	0079

Residential Street Address	City	State	Zip Code
2 Coventry Ln	Harwinton	CT	06791

Principal Occupation: retired
Name of Employer: n/a
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
Amount of Contribution: $50.00
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: $50.00

Last Name	First	MI	Contribution ID #
Thompson	Kelley	A	0078

Residential Street Address	City	State	Zip Code
76 Warren Gln	Burlington	CT	06013

Principal Occupation: Physical Therpaist Asst
Name of Employer: Litchfield Hills Orthopedics & Assoc.
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
Amount of Contribution: $25.00
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: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Re-elect Piscopo 2026

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Thompson	Douglas	K	0077

Residential Street Address	City	State	Zip Code
76 Warren Gln	Burlington	CT	06013

Principal Occupation: First Selectman

Name of Employer: Town of Burlington

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

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: $25.00

Last Name	First	MI	Contribution ID #
Williams	James	D	0076

Residential Street Address	City	State	Zip Code
87 County Line Rd	Harwinton	CT	06791

Principal Occupation: retired

Name of Employer: n/a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $15.00

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: $15.00

Last Name	First	MI	Contribution ID #
Williams	Diana	R	0075

Residential Street Address	City	State	Zip Code
87 County Line Rd	Harwinton	CT	06791

Principal Occupation: retired

Name of Employer: n/a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $15.00

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: $15.00

Last Name	First	MI	Contribution ID #
LaFontaine	Lisa	M	0074

Residential Street Address	City	State	Zip Code
147 Center St	Thomaston	CT	06787

Principal Occupation: retired

Name of Employer: n/a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

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

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Re-elect Piscopo 2026

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
LaFontaine	David	M	0073

Residential Street Address	City	State	Zip Code
147 Center St	Thomaston	CT	06787

Principal Occupation: Delivery Driver

Name of Employer: Pittsburg Paints 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: $5.00

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

Last Name	First	MI	Contribution ID #
Morosani	John	W	0072

Residential Street Address	City	State	Zip Code
164 Wigwam Rd	Litchfield	CT	06759

Principal Occupation: retired

Name of Employer: n/a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

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: $50.00

Last Name	First	MI	Contribution ID #
Brasche	Darlene	M	0071

Residential Street Address	City	State	Zip Code
11 Seelye Rd	Northfield	CT	06778

Principal Occupation: retired

Name of Employer: n/a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

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: $50.00

Last Name	First	MI	Contribution ID #
Rein	Kenneth	P	0070

Residential Street Address	City	State	Zip Code
69 Richards Rd	Litchfield	CT	06759

Principal Occupation: retired

Name of Employer: n/a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $100.00

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: $100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Re-elect Piscopo 2026

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Fitch	Laura	A	0069

Residential Street Address	City	State	Zip Code
98 Reynolds Bridge Rd	Thomaston	CT	06787

Principal Occupation: Tax Collector

Name of Employer: Town of Thomaston

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $100.00

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: $100.00

Last Name	First	MI	Contribution ID #
Rieley	Adam	D	0068

Residential Street Address	City	State	Zip Code
98 Reynolds Bridge Rd	Thomaston	CT	06787

Principal Occupation: firefighter

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: $25.00

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: $25.00

Last Name	First	MI	Contribution ID #
Miller	Gregory	G	0067

Residential Street Address	City	State	Zip Code
416 Thomaston Rd	Morris	CT	06763

Principal Occupation: Business Owner

Name of Employer: Nutmeg Spice 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: $340.00

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: $340.00

Last Name	First	MI	Contribution ID #
Scully	Thomas	J	0066

Residential Street Address	City	State	Zip Code
211 Reynolds Bridge Rd	Thomaston	CT	06787

Principal Occupation: retired

Name of Employer: n/a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

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: $50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Re-elect Piscopo 2026

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Seabourne	Dan	J	0065

Residential Street Address	City	State	Zip Code
365 Walnut Hill Rd	Thomaston	CT	06787

Principal Occupation	Name of Employer
retired	n/a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

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: $50.00

Last Name	First	MI	Contribution ID #
Seabourne	Ann	M	0064

Residential Street Address	City	State	Zip Code
365 Walnut Hill Rd	Thomaston	CT	06787

Principal Occupation	Name of Employer
retired	n/a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

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: $50.00

Last Name	First	MI	Contribution ID #
Fredsall	John	D	0063

Residential Street Address	City	State	Zip Code
306 North Rd	Harwinton	CT	06791

Principal Occupation	Name of Employer
retired	n/a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

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: $25.00

Last Name	First	MI	Contribution ID #
Dauten	Patricia		0062

Residential Street Address	City	State	Zip Code
302 Prospect Mountain Rd	Litchfield	CT	06759

Principal Occupation	Name of Employer
owner	Patty's Restaurant

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

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

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Re-elect Piscopo 2026

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Landau	Alan		0061

Residential Street Address	City	State	Zip Code
272 Norfolk Rd	Litchfield	CT	06759

Principal Occupation	Name of Employer
sales	Engineered Coatings, 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: $5.00

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

Last Name	First	MI	Contribution ID #
Zampaglione	William	A	0060

Residential Street Address	City	State	Zip Code
25 Indian Knoll Rd	Bantam	CT	06750

Principal Occupation	Name of Employer
V.P.	PAC Group 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: $5.00

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

Last Name	First	MI	Contribution ID #
Zampaglione	Tina	M	0059

Residential Street Address	City	State	Zip Code
25 Indian Knolls Rd	Bantam	CT	06750

Principal Occupation	Name of Employer
retired	n/a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

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

Last Name	First	MI	Contribution ID #
Scott	Willow	P	0058

Residential Street Address	City	State	Zip Code
5 School House Rd	Litchfield	CT	06759

Principal Occupation	Name of Employer
Paraprofessional Educator	Region 20 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: $5.00

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

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Re-elect Piscopo 2026

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Scott	Joseph	T	0057

Residential Street Address	City	State	Zip Code
5 School House Rd	Litchfield	CT	06759

Principal Occupation	Name of Employer
unemployed	n/a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

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

Last Name	First	MI	Contribution ID #
Sauer	Norman		0056

Residential Street Address	City	State	Zip Code
39 Beecher Ln	Litchfield	CT	06759

Principal Occupation	Name of Employer
homemaker	n/a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

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

Last Name	First	MI	Contribution ID #
Gop	James	A	0108

Residential Street Address	City	State	Zip Code
25 Black Walnut Ln	Burlington	CT	06013

Principal Occupation	Name of Employer
Electrician	Ensign Bickford

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

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

Last Name	First	MI	Contribution ID #
Gop	Heather	N	0107

Residential Street Address	City	State	Zip Code
25 Balck Walnut Ln	Burlington	CT	06013

Principal Occupation	Name of Employer
teacher	City of Hartford BOE

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

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

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Re-elect Piscopo 2026

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Keparutis	Katherine	A	0106

Residential Street Address	City	State	Zip Code
61 Lynnrich Dr W	Thomaston	CT	06787

Principal Occupation	Name of Employer
Creative Director	TelaDoc Health

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which 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	Aggregate Contributions	Amount of Contribution
05/19/2026	$25.00	$25.00

Last Name	First	MI	Contribution ID #
Freimuth	Luke	M	0105

Residential Street Address	City	State	Zip Code
61 Lynnrich Dr W	Thomaston	CT	06787

Principal Occupation	Name of Employer
Accountant	Global Jet Capital, 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

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	Aggregate Contributions	Amount of Contribution
05/19/2026	$200.00	$200.00

Last Name	First	MI	Contribution ID #
Osowiecki	Jeff	M	0104

Residential Street Address	City	State	Zip Code
297 Fenn Rd	Thomaston	CT	06787

Principal Occupation	Name of Employer
construction worker	Henry M. Osowiecki & 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

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	Aggregate Contributions	Amount of Contribution
05/19/2026	$100.00	$100.00

Last Name	First	MI	Contribution ID #
Sabia	Jayme		0114

Residential Street Address	City	State	Zip Code
143A Bantam Lake Rd	Bantam	CT	06750

Principal Occupation	Name of Employer
hair dresser	self

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which 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	Aggregate Contributions	Amount of Contribution
05/21/2026	$20.00	$20.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Re-elect Piscopo 2026

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Kelly	James	E	0113

Residential Street Address	City	State	Zip Code
1375 Woodtick Rd	Wolcott	CT	06716

Principal Occupation: restuaranteer

Name of Employer: self

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $100.00

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

Last Name	First	MI	Contribution ID #
Truelove	Holden		0112

Residential Street Address	City	State	Zip Code
235 Smith Rd	Thomaston	CT	06787

Principal Occupation: tree services

Name of Employer: self

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $10.00

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: $10.00

Last Name	First	MI	Contribution ID #
Caouette	Linda		0111

Residential Street Address	City	State	Zip Code
244 Branch Rd	Thomaston	CT	06787

Principal Occupation: Admin. Asst.

Name of Employer: Biometrics

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $100.00

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

Last Name	First	MI	Contribution ID #
David	Dennis	E	0110

Residential Street Address	City	State	Zip Code
48 Pleasant View Rd	Thomaston	CT	06787

Principal Occupation: retired

Name of Employer: n/a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

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

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Re-elect Piscopo 2026

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
David	Susan		0109

Residential Street Address	City	State	Zip Code
48 Pleasant View Rd	Thomaston	CT	06787

Principal Occupation	Name of Employer
retired	n/a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

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

Last Name	First	MI	Contribution ID #
Orsino, Jr.	Paul	T	0174

Residential Street Address	City	State	Zip Code
1150 Bantam Rd	Bantam	CT	06750

Principal Occupation	Name of Employer
unemployed	n/a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $10.00

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: 06/29/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Osowiecki	James	M	0173

Residential Street Address	City	State	Zip Code
79 Donahue Road Ext .	Bantam	CT	06750

Principal Occupation	Name of Employer
Contractor	JM Osowiecki 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: $20.00

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: 06/29/2026

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
Polowy	William	D	0172

Residential Street Address	City	State	Zip Code
236 Hickory Hill Dr	Northfield	CT	06778

Principal Occupation	Name of Employer
letter carrier	USPS

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

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: 06/29/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Re-elect Piscopo 2026

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Volovski	Mark	E	0171

Residential Street Address	City	State	Zip Code
185 Leigh Ave	Thomaston	CT	06787

Principal Occupation: retired

Name of Employer: n/a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

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: 06/29/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Beecher	John	H	0170

Residential Street Address	City	State	Zip Code
72 High St	Thomaston	CT	06787

Principal Occupation: retired

Name of Employer: n/a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

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: 06/29/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Clarizio	Michael	A	0169

Residential Street Address	City	State	Zip Code
180 Ridgewood Acres	Thomaston	CT	06787

Principal Occupation: retired

Name of Employer: n/a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $20.00

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: 06/29/2026

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
Albrecht	John	M	0168

Residential Street Address	City	State	Zip Code
166 Edgewood Ave	Thomaston	CT	06787

Principal Occupation: Construction Manager

Name of Employer: RED Technologies, 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: $20.00

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: 06/29/2026

Aggregate Contributions: $20.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Re-elect Piscopo 2026

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Vail	Richard	K	0167

Residential Street Address	City	State	Zip Code
143 Hickory Ln	Watertown	CT	06795

Principal Occupation: Custodian

Name of Employer: Town of Watertown

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

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: 06/29/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Madore	Michael	J	0166

Residential Street Address	City	State	Zip Code
25 Stumpf Ave	Thomaston	CT	06787

Principal Occupation: Crane Operator

Name of Employer: Industrial Riggers

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

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: 06/29/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Thornberg	Paul		0165

Residential Street Address	City	State	Zip Code
46 Ridgewood Acres	Thomaston	CT	06787

Principal Occupation: Manufacturing Manager

Name of Employer: Plainville Electrical Products, 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: $5.00

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: 06/29/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Dupre	Sharelle	L	0164

Residential Street Address	City	State	Zip Code
189 S Main St	Thomaston	CT	06787

Principal Occupation: marketing

Name of Employer: Egidso Lennon Wealth

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $10.00

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: 06/29/2026

Aggregate Contributions: $10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Re-elect Piscopo 2026

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Theriault	Scott		0163

Residential Street Address	City	State	Zip Code
438 Walnut Hill Rd	Thomaston	CT	06787

Principal Occupation	Name of Employer
car buyer	self

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

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: 06/29/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Czellecz	Sean		0162

Residential Street Address	City	State	Zip Code
94 Bayberry Dr	Thomaston	CT	06787

Principal Occupation	Name of Employer
sales	CT Distributors, 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: $20.00

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: 06/29/2026

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
Brady	Michelle		0161

Residential Street Address	City	State	Zip Code
343 High Street Ext .	Thomaston	CT	06787

Principal Occupation	Name of Employer
Nurse	United Healthcare

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $20.00

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: 06/29/2026

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
Nardella	Phyllis	A	0160

Residential Street Address	City	State	Zip Code
216 Michelle Ln S	Thomaston	CT	06787

Principal Occupation	Name of Employer
retired	n/a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $20.00

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: 06/29/2026

Aggregate Contributions: $20.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Re-elect Piscopo 2026

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Duffany, Jr.	Lawrence	F	0159

Residential Street Address	City	State	Zip Code
282 Atwood Rd	Thomaston	CT	06787

Principal Occupation: Teacher

Name of Employer: St. Paul Catholic H.S.

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

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: 06/29/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Galpin	Danica	L	0158

Residential Street Address	City	State	Zip Code
61 Marine St	Thomaston	CT	06787

Principal Occupation: student

Name of Employer: n/a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $20.00

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: 06/29/2026

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
Galpin	Tanya	L	0157

Residential Street Address	City	State	Zip Code
61 Marine St	Thomaston	CT	06787

Principal Occupation: housewife

Name of Employer: n/a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $20.00

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: 06/29/2026

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
Turner, Jr.	Stephen	L	0156

Residential Street Address	City	State	Zip Code
28 Hillside Ave	Thomaston	CT	06787

Principal Occupation: Attorney

Name of Employer: Seabourne, Malley & Turner

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $20.00

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: 06/29/2026

Aggregate Contributions: $20.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Re-elect Piscopo 2026

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Turner	John	R	0155

Residential Street Address	City	State	Zip Code
28 Hillside Ave	Thomaston	CT	06787

Principal Occupation: student

Name of Employer: Hillside Cemetery

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

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: 06/29/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Turner	Sarah	E	0154

Residential Street Address	City	State	Zip Code
28 Hillside Ave	Thomaston	CT	06787

Principal Occupation: student

Name of Employer: Seabourne, Malley & Turner

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

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: 06/29/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Turner	Katherine	A	0153

Residential Street Address	City	State	Zip Code
28 Hillside Ave	Thomaston	CT	06787

Principal Occupation: teacher

Name of Employer: Thomaston BOE

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $10.00

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: 06/29/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Hyres	Patrick	C	0152

Residential Street Address	City	State	Zip Code
2327 Waterbury Rd	Thomaston	CT	06787

Principal Occupation: Supervisor

Name of Employer: State of CT DDS

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

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: 06/29/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Re-elect Piscopo 2026

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Hyres	Sara	A	0151

Residential Street Address	City	State	Zip Code
2327 Waterbury Rd	Thomaston	CT	06787

Principal Occupation	Name of Employer
DSW2	State of CT DDS

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

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: 06/29/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Hyres	Sophia	F	0150

Residential Street Address	City	State	Zip Code
2327 Waterbury Rd	Thomaston	CT	06787

Principal Occupation	Name of Employer
waitress	Bruno's Cafe

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

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: 06/29/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Hyres	Patrick	J	0149

Residential Street Address	City	State	Zip Code
2327 Waterbury Rd	Thomaston	CT	06787

Principal Occupation	Name of Employer
Custodian II	Thomaston BOE

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

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: 06/29/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Stoligny	Jon	M	0148

Residential Street Address	City	State	Zip Code
5 Coventry Ln	Harwinton	CT	06791

Principal Occupation	Name of Employer
state marshal	self

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

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: 06/29/2026

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Re-elect Piscopo 2026

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Johnston	Cynthia	L	0147

Residential Street Address	City	State	Zip Code
81 Grand St	Thomaston	CT	06787

Principal Occupation	Name of Employer
retired	n/a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

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: 06/29/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Miner	Margaret	A	0146

Residential Street Address	City	State	Zip Code
230 E Chestnut Hill Rd	Litchfield	CT	06759

Principal Occupation	Name of Employer
retired	n/a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

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: 06/29/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Harris	Dwight	C	0145

Residential Street Address	City	State	Zip Code
22 Charolais Way	Burlington	CT	06013

Principal Occupation	Name of Employer
farmer	n/a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $100.00

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: 06/29/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Harris	Patricia	L	0144

Residential Street Address	City	State	Zip Code
22 Charolais Way	Burlington	CT	06013

Principal Occupation	Name of Employer
retired	n/a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

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: 06/29/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Re-elect Piscopo 2026

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Galpin	Robert		0143

Residential Street Address	City	State	Zip Code
61 Marine St	Thomaston	CT	06787

Principal Occupation	Name of Employer
WPC Superintendent	Town of Thomaston

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $60.00

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: 06/29/2026

Aggregate Contributions: $60.00

Last Name	First	MI	Contribution ID #
Cianciolo	Spencer	E	0142

Residential Street Address	City	State	Zip Code
54 Judson St	Thomaston	CT	06787

Principal Occupation	Name of Employer
Engineer	Pratt and Whitney

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $40.00

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: 06/29/2026

Aggregate Contributions: $40.00

Last Name	First	MI	Contribution ID #
Root	Pamela	J	0141

Residential Street Address	City	State	Zip Code
16 Branch Rd	Harwinton	CT	06791

Principal Occupation	Name of Employer
Admin Asst	Community Systems, 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: $100.00

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: 06/29/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Kovall	William	A	0140

Residential Street Address	City	State	Zip Code
789 Hill Rd	Harwinton	CT	06791

Principal Occupation	Name of Employer
retired	n/a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $100.00

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: 06/29/2026

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Re-elect Piscopo 2026

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Kovall	Deborah	C	0139

Residential Street Address	City	State	Zip Code
789 Hill Rd	Harwinton	CT	06791

Principal Occupation: retired

Name of Employer: n/a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $100.00

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: 06/29/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Brown	Benton		0138

Residential Street Address	City	State	Zip Code
260 Valley Rd	Harwinton	CT	06791

Principal Occupation: Business Consultant

Name of Employer: North Atlantic Research 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: $100.00

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: 06/29/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Erwin	Julie	M	0137

Residential Street Address	City	State	Zip Code
81 Woodchuck Ln	Harwinton	CT	06791

Principal Occupation: retired

Name of Employer: n/a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

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: 06/29/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Erwin	Kurt	C	0136

Residential Street Address	City	State	Zip Code
81 Woodchuck Ln	Harwinton	CT	06791

Principal Occupation: pipe fitter

Name of Employer: Local 777

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

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: 06/29/2026

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Re-elect Piscopo 2026

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Almand	Alysen		0135

Residential Street Address	City	State	Zip Code
401 Burlington Rd	Harwinton	CT	06791

Principal Occupation	Name of Employer
author	self

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of 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: 06/29/2026

Aggregate Contributions: $5.00

Amount of Contribution: $5.00

Last Name	First	MI	Contribution ID #
Almand	David		0134

Residential Street Address	City	State	Zip Code
401 Burlington Rd	Harwinton	CT	06791

Principal Occupation	Name of Employer
Engineer	GTT

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of 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: 06/29/2026

Aggregate Contributions: $5.00

Amount of Contribution: $5.00

Last Name	First	MI	Contribution ID #
Lowe	Deanna	J	0133

Residential Street Address	City	State	Zip Code
203 Branch Rd Unit 4B	Thomaston	CT	06787

Principal Occupation	Name of Employer
retired	n/a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of 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: 06/29/2026

Aggregate Contributions: $5.00

Amount of Contribution: $5.00

Last Name	First	MI	Contribution ID #
Riley	Mary Jane	H	0131

Residential Street Address	City	State	Zip Code
32 Mountain Briar	Burlington	CT	06013

Principal Occupation	Name of Employer
retired	n/a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of 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: 06/29/2026

Aggregate Contributions: $200.00

Amount of Contribution: $200.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Re-elect Piscopo 2026	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Peterson	Mary		0130

Residential Street Address	City	State	Zip Code
401 Jerome Ave	Burlington	CT	06013

Principal Occupation	Name of Employer
student	n/a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $10.00

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: 06/29/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Peterson	David		0129

Residential Street Address	City	State	Zip Code
401 Jerome Ave	Burlington	CT	06013

Principal Occupation	Name of Employer
student	n/a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $10.00

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: 06/29/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Wilson	Lynne	C	0128

Residential Street Address	City	State	Zip Code
42 Wheeler Rd	Litchfield	CT	06759

Principal Occupation	Name of Employer
retired	n/a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

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: 06/29/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Wilson	David	T	0127

Residential Street Address	City	State	Zip Code
42 Wheeler Rd	Litchfield	CT	06759

Principal Occupation	Name of Employer
retired	n/a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

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: 06/29/2026

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Re-elect Piscopo 2026

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Richards	Jordan	M	0126

Residential Street Address	City	State	Zip Code
623 Torrington Rd	Litchfield	CT	06759

Principal Occupation: Attorney

Name of Employer: Litchfield Hills Probate Court

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

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: 06/29/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Treglia	Salvatore		0125

Residential Street Address	City	State	Zip Code
222 Clay St	Thomaston	CT	06787

Principal Occupation: Credit

Name of Employer: Thomaston Savings 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: $5.00

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: 06/29/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Dubois	Cassandra		0124

Residential Street Address	City	State	Zip Code
51 Warren Gln	Burlington	CT	06013

Principal Occupation: Insurance Director

Name of Employer: The Hartford

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

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: 06/29/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Dubas	Jeffrey		0123

Residential Street Address	City	State	Zip Code
51 Warren Gln	Burlington	CT	06013

Principal Occupation: teacher

Name of Employer: Avon BOE

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

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: 06/29/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Re-elect Piscopo 2026

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Plourde	Joel		0122

Residential Street Address	City	State	Zip Code
73 Deer Run	Burlington	CT	06013

Principal Occupation: n/a

Name of Employer: n/a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $20.00

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: 06/29/2026

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
Plourde	Angelina	L	0121

Residential Street Address	City	State	Zip Code
73 Deer Run	Burlington	CT	06013

Principal Occupation: n/a

Name of Employer: n/a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $20.00

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: 06/29/2026

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
Plourde	Joshua		0120

Residential Street Address	City	State	Zip Code
73 Deer Run	Burlington	CT	06013

Principal Occupation:

Name of Employer: Delta-T 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: $25.00

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: 06/29/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Plourde	Ann	L	0119

Residential Street Address	City	State	Zip Code
73 Deer Run	Burlington	CT	06013

Principal Occupation:

Name of Employer: Hartford 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: $25.00

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: 06/29/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Re-elect Piscopo 2026

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Savelle	Scott	F	0118

Residential Street Address	City	State	Zip Code
101 Wood Creek Rd	Burlington	CT	06013

Principal Occupation	Name of Employer
construction manager	WSP USA

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

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: 06/29/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Root	Theodore	W	0117

Residential Street Address	City	State	Zip Code
151 Harmony Hill Rd	Harwinton	CT	06791

Principal Occupation	Name of Employer
real estate	self

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $10.00

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: 06/29/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Root	Debora	D	0116

Residential Street Address	City	State	Zip Code
151 Harmony Hill Rd	Harwinton	CT	06791

Principal Occupation	Name of Employer
real estate	slef

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $10.00

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: 06/29/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Dugan	Alan		0115

Residential Street Address	City	State	Zip Code
1375 Woodtick Rd	Wolcott	CT	06716

Principal Occupation	Name of Employer
Partner	Crabby Al's

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $100.00

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: 06/29/2026

Aggregate Contributions: $100.00

Total of Section B	**$7,185.00**
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Total on Line 14, Column A of Summary Page)*	**$7,185.00**

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Re-elect Piscopo 2026	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? Yes No If yes, list Event #	Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions

Total of Section C1	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Re-elect Piscopo 2026	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
Re-elect Piscopo 2026	July 10 Filing - Original

D. Loans Received this Period

Name of Lender	Source of Loan: Bank Candidate Individual Other			Date of Receipt
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
Re-elect Piscopo 2026	July 10 Filing - Original

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

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

I. Monetary Receipts (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Re-elect Piscopo 2026	July 10 Filing - Original

G. Interest from Deposits in Authorized Accounts

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

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Re-elect Piscopo 2026	July 10 Filing - Original

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

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

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Re-elect Piscopo 2026	July 10 Filing - Original

I. Miscellaneous Monetary Receipts not Considered Contributions

Name	Date of Transaction	Amount Received
CEF	05/04/2026	

Street Address	City	State	Zip Code
55 Farmington Ave	Hartford	CT	06105

Description	
test transaction	$0.04
Total of Section I	**$0.04**

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Re-elect Piscopo 2026	July 10 Filing - Original

J1. Event Information

Event # / Date of Event / Letter	Description	Was this a fundraising event? Yes / No

Location: Street Address	City	State	Zip Code

Was this event hosted at a personal residence?	Yes / No	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any puchases 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.)

Total of Section J1	

II.EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Re-elect Piscopo 2026	July 10 Filing - Original

J3. In-Kind Donations Not Considered Contributions

Name of the Donor			
Street Address	City	State	Zip Code

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

Total of Section J3	

II.EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Re-elect Piscopo 2026	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
Re-elect Piscopo 2026	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 If yes, list Event#	Description of In-Kind Contribution

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
Re-elect Piscopo 2026	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
Re-elect Piscopo 2026	July 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment Check # Debit Card EFT

Street Address	City	State	Zip Code

Purpose of Expendit	Description	Amount

Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum N	Yes No	Expenditure # (if applicable)	Event #

Total of Section N

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
	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? Yes No
Street Address	City	State	Zip Code		**Amount**
Purpose of Expenditure (by code)	Description			Event #	

Total of Section O

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Re-elect Piscopo 2026	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 If yes, assign an Expenditure # and complete Itemization in Addendum P		Expenditure # (if applicable)	Event #	

Total of Section P

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Re-elect Piscopo 2026	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. If yes, assign an Expenditure # and completes Itemization in Addendum Q		Expenditure # (if applicable)	Event #	

Total of Section Q	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Re-elect Piscopo 2026	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: Check # Debit Card EFT

Name of Vendor Paid by Committee Worker/Consultant

Street Address of Vendor	City	State	Zip Code

Purpose of Expenditure (by code)	Description

Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No If yes, assign an Expenditure # and completes Itemization in Addendum R	Expenditure # (if applicable)	Event #	Amount

Total of Section R	

IV. EXPENDITURES (Sectuibs N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Re-elect Piscopo 2026	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