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
Betsy 2026	[x] Candidate Committee [ ] Exploratory Committee

3. TREASURER NAME

First	MI	Last	Suffix
Diana		**McCaughey-Colwell**	

4. TREASURER ADDRESS

Street Address	City	State	Zip Code
5 Partridge Hollow Rd	**Greenwich**	**CT**	**06831**

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

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

First	MI	Last	Suffix
Betsy		**McCaughey**	

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	**Diana McCaughey-Colwell**	**07/10/2026 11:03:34AM**
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	
Betsy 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	**$11,521.15**	
14. Contributions received from Individuals (Section A and B)	**$38,104.34**	**$100,198.38**
15. Receipts from Other Committees (Sections C1 and C2)	**$0.00**	**$0.00**
16. Other Monetary Receipts (Section D through I)	**$0.00**	**$20,000.00**
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	**$0.00**	**$0.00**
18. Total Monetary Receipts (add totals for lines 14 through 17)	**$38,104.34**	**$120,198.38**
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	**$49,625.49**	**$120,198.38**
20. Expenses Paid by Committee (Section N)	**$49,433.24**	**$120,006.13**
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns)	**$192.25**	**$192.25**
22. In-Kind Donations not Considered Contributions Received (Section J3)	**$0.00**	**$40.00**
23. In-Kind Donations not Considered Contributions - House Party (Section J4)	**$500.00**	**$690.00**
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)	**$73,567.74**	**$73,567.74**
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)	**$11,500.00**	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	**$11,500.00**	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Betsy 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 #
Wheeler	Steven		0892

Residential Street Address	City	State	Zip Code
878 Gilead St	Hebron	CT	06248

Principal Occupation	Name of Employer
Captain/Owner CT River Cruise& charter, llc	CT River Cruise & Charter, 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: $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: 04/01/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Rowley	Jefferson		0893

Residential Street Address	City	State	Zip Code
530 E 89th St Apt 2K	New York	NY	10128

Principal Occupation	Name of Employer
Financial Advisor	Northwestern Mutual Life

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

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

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

Amount of Contribution: $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: 04/01/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Byrnes	Richard		0894

Residential Street Address	City	State	Zip Code
6 Canterbury Ln	Shelton	CT	06484

Principal Occupation	Name of Employer
Engineer	King industries

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

If yes, indicate which branch or branches 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: 04/01/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Jaros	Thomas		0895

Residential Street Address	City	State	Zip Code
224 Crescent Ridge Dr	Independence	OH	44131

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $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
04/01/2026	$10.00

Last Name	First	MI	Contribution ID #
Gore	Trina		0890

Residential Street Address	City	State	Zip Code
14321 SW 20th St	Davie	FL	33325

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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
04/02/2026	$100.00

Last Name	First	MI	Contribution ID #
Batrus	Jean		0891

Residential Street Address	City	State	Zip Code
11 Bruce Rd	Mamaroneck	NY	10543-1101

Principal Occupation	Name of Employer
Business development	Royal Oaks Insurance Services

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

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

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

Amount of Contribution: $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	Aggregate Contributions
04/02/2026	$340.00

Last Name	First	MI	Contribution ID #
Conant	Joanne		0889

Residential Street Address	City	State	Zip Code
190 Hanover Rd	Newtown	CT	06470

Principal Occupation	Name of Employer
Homemaker	Joanne Conant

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

If yes, indicate which branch or branches 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
04/03/2026	$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Small	Alan		0888

Residential Street Address	City	State	Zip Code
86 Buckfield Ln	Greenwich	CT	06831

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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: 04/04/2026

Aggregate Contributions: $75.00

Last Name	First	MI	Contribution ID #
REMETZ	MICHAEL		0887

Residential Street Address	City	State	Zip Code
188 Ives St	Hamden	CT	06518

Principal Occupation	Name of Employer
Physician	Yale School of Medicine

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

If yes, indicate which branch or branches 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: 04/05/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Canfield	Thomas		0884

Residential Street Address	City	State	Zip Code
5526 Silver Dr	Santa Ana	CA	92703

Principal Occupation	Name of Employer
Computer Operator	Consumer Portfolio Services

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

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

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

Amount of Contribution: $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: 04/06/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Hamilton	Debbie		0885

Residential Street Address	City	State	Zip Code
373 Stanwich Rd	Greenwich	CT	06830

Principal Occupation	Name of Employer
Wealth Manager	Hamilton Advisors

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

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

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

Amount of Contribution: $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: 04/06/2026

Aggregate Contributions: $340.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Betsy 2026

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Jameson	Jesse		0886

Residential Street Address	City	State	Zip Code
101 Pine Hill Rd	New Fairfield	CT	06812

Principal Occupation	Name of Employer
Construction Manager	Halmar International, 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: $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: 04/06/2026

Aggregate Contributions: $340.00

Last Name	First	MI	Contribution ID #
Tomlinson	Barry		0878

Residential Street Address	City	State	Zip Code
1225 Neipsic Rd	Glastonbury	CT	06033

Principal Occupation	Name of Employer
Development Officer- Nonprofit	Elim Park

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

If yes, indicate which branch or branches 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: 04/07/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Lundgren	David		0879

Residential Street Address	City	State	Zip Code
43 Five Fields Rd	Madison	CT	06443

Principal Occupation	Name of Employer
Sales	PharmaEssentia

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

If yes, indicate which branch or branches 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: 04/07/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Vuoto	ROBERT		0880

Residential Street Address	City	State	Zip Code
36 Richards Grove Rd	Quaker Hill	CT	06375

Principal Occupation	Name of Employer
Correction Officer	Connecticut Department of Corrections

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

If yes, indicate which branch or branches 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: 04/07/2026

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Samperi	Deborah		0881

Residential Street Address	City	State	Zip Code
154 Schnoor Rd	Killingworth	CT	06419

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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: 04/07/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Samperi	John		0882

Residential Street Address	City	State	Zip Code
154 Schnoor Rd	Killingworth	CT	06419

Principal Occupation	Name of Employer
HVAC Contractor	John A Samperi Heating & Cooling

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

If yes, indicate which branch or branches 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: 04/07/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Le Beau	Peter		0883

Residential Street Address	City	State	Zip Code
1 Watch Tower Ln # 2FL	Old Greenwich	CT	06870-1100

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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: 04/07/2026

Aggregate Contributions: $150.00

Last Name	First	MI	Contribution ID #
St. Louis	Tom		0870

Residential Street Address	City	State	Zip Code
35 Hamburg Rd	Lyme	CT	06371-3412

Principal Occupation	Name of Employer
Selectman	Town of Lyme

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

If yes, indicate which branch or branches 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: 04/08/2026

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
navikas	vincent		0871

Residential Street Address	City	State	Zip Code
107 Pond Point Ave	Milford	CT	06460

Principal Occupation	Name of Employer
engineer	Kitchen brains

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

If yes, indicate which branch or branches 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	Aggregate Contributions
04/08/2026	$340.00

Last Name	First	MI	Contribution ID #
Ivans	Andrew		0872

Residential Street Address	City	State	Zip Code
32 Peppercorn Ln	Middletown	CT	06457

Principal Occupation	Name of Employer
Recreation cordinator	City of Middletown

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

If yes, indicate which branch or branches 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	Aggregate Contributions
04/08/2026	$5.00

Last Name	First	MI	Contribution ID #
Gomes	Russ		0873

Residential Street Address	City	State	Zip Code
4 Boggy Hole Rd	Old Lyme	CT	06371

Principal Occupation	Name of Employer
CLC sales	CLC sales

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

If yes, indicate which branch or branches 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
04/08/2026	$50.00

Last Name	First	MI	Contribution ID #
Coleman	Carolyn p		0874

Residential Street Address	City	State	Zip Code
319 Greenwich Ave and 3 fl	Greenwich	CT	06830

Principal Occupation	Name of Employer
Homemaker	Carolyn P Coleman

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

If yes, indicate which branch or branches 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	Aggregate Contributions
04/08/2026	$340.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Sachs	Roger		0875

Residential Street Address	City	State	Zip Code
6 Pheasant Ln	Westport	CT	06880

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $180.00

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: 04/08/2026

Aggregate Contributions: $180.00

Last Name	First	MI	Contribution ID #
Nine	James		0876

Residential Street Address	City	State	Zip Code
152 Black Point Rd	Niantic	CT	06357

Principal Occupation	Name of Employer
Engineering	Dominion Energy

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

If yes, indicate which branch or branches 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: 04/08/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Nadeau	Rosanne		0877

Residential Street Address	City	State	Zip Code
8 Todd Hollow Rd	Wolcott	CT	06716

Principal Occupation	Name of Employer
Caregiving	Rosanne Nadeau

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

If yes, indicate which branch or branches 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: 04/08/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Capuano	Joseph		0863

Residential Street Address	City	State	Zip Code
32 Luke St	Prospect	CT	06712

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $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: 04/09/2026

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Betsy 2026

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Gerrity	Michael		0864

Residential Street Address	City	State	Zip Code
229 Geraldine Dr	Coventry	CT	06238-1331

Principal Occupation	Name of Employer
Senior Estimator & Project Manager	Deming Electric

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

If yes, indicate which branch or branches 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: 04/09/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Gerrity	Carolyn		0865

Residential Street Address	City	State	Zip Code
229 Geraldine Dr	Coventry	CT	06238-1331

Principal Occupation	Name of Employer
Business Manager	RTX - Pratt 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: $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: 04/09/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Coyle	Chris		0866

Residential Street Address	City	State	Zip Code
58 Wolf Den Dr	Pomfret Center	CT	06259

Principal Occupation	Name of Employer
Business Executive	CBC 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: 04/09/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Eno	Margaret		0867

Residential Street Address	City	State	Zip Code
18 Vega St	New Britain	CT	06051

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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: 04/09/2026

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Kitchen	Terrence		0868

Residential Street Address	City	State	Zip Code
180 Wickham Dr	East Hartford	CT	06118

Principal Occupation	Name of Employer
Insurance and Finance Broker	Terrence Kitchen

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

Is this contribution associated with an event reported in Section J1?	Method of contribution:	Date Received	Aggregate Contributions
☐ Yes ☒ No	☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card	04/09/2026	$50.00
If yes, list Event #			

Last Name	First	MI	Contribution ID #
Cavicke	Mary		0869

Residential Street Address	City	State	Zip Code
85 Joshua Ln	Lyme	CT	06371

Principal Occupation	Name of Employer
Retired	Retired

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

Is this contribution associated with an event reported in Section J1?	Method of contribution:	Date Received	Aggregate Contributions
☐ Yes ☒ No	☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card	04/09/2026	$250.00
If yes, list Event #			

Last Name	First	MI	Contribution ID #
Reid	Jeri		0857

Residential Street Address	City	State	Zip Code
830 Cedar Swamp Rd	Coventry	CT	06238

Principal Occupation	Name of Employer
Retired	Retired

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

Is this contribution associated with an event reported in Section J1?	Method of contribution:	Date Received	Aggregate Contributions
☐ Yes ☒ No	☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card	04/10/2026	$10.00
If yes, list Event #			

Last Name	First	MI	Contribution ID #
Farricelli	Rudy		0858

Residential Street Address	City	State	Zip Code
198 Yale Ave	New Haven	CT	06515

Principal Occupation	Name of Employer
Retired	Retired

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

Is this contribution associated with an event reported in Section J1?	Method of contribution:	Date Received	Aggregate Contributions
☐ Yes ☒ No	☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card	04/10/2026	$50.00
If yes, list Event #			

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Mc Dermott	Patrick		0859

Residential Street Address	City	State	Zip Code
45 Chapel Hill Dr	Fairfield	CT	06825

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $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: 04/10/2026

Aggregate Contributions: $75.00

Last Name	First	MI	Contribution ID #
Crowley	Donna		0860

Residential Street Address	City	State	Zip Code
64 Carson Ave	Wethersfield	CT	06109

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $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: 04/10/2026

Aggregate Contributions: $45.00

Last Name	First	MI	Contribution ID #
Watrous	Elizabeth		0861

Residential Street Address	City	State	Zip Code
72 Bernard Rd	Berlin	CT	06037

Principal Occupation	Name of Employer
Administrative Assistant	Wesleyan University

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

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

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

Amount of Contribution: $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: 04/10/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Dahlberg	Janet		0862

Residential Street Address	City	State	Zip Code
733 Forest Rd	Northford	CT	06472

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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: 04/10/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Yantorno	Alfred		0852

Residential Street Address	City	State	Zip Code
33 Byram Terrace Dr	Greenwich	CT	06831

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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
04/11/2026	$75.00

Last Name	First	MI	Contribution ID #
Anson	Gregory		0853

Residential Street Address	City	State	Zip Code
11 Horse Heaven Rd	Washington	CT	06793

Principal Occupation	Name of Employer
Painter	Anson Painting 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: $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
04/11/2026	$50.00

Last Name	First	MI	Contribution ID #
CERILLO	THERESA		0854

Residential Street Address	City	State	Zip Code
533 Chippendale Ln	Orange	CT	06477

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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
04/11/2026	$40.00

Last Name	First	MI	Contribution ID #
Bentivegna	Joe		0855

Residential Street Address	City	State	Zip Code
817 Mountain Laurel Rd	Fairfield	CT	06824

Principal Occupation	Name of Employer
Ophthalmologist	Joseph Bentivegna MD

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

If yes, indicate which branch or branches 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
04/11/2026	$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Betsy 2026

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Ramunni	James		0856

Residential Street Address	City	State	Zip Code
66 Wilmot Rd	New Haven	CT	06514

Principal Occupation	Name of Employer
Landscaping	James Landscaping

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

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

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

Amount of Contribution: $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: 04/11/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Meinhard	Bruce		0844

Residential Street Address	City	State	Zip Code
121 Pipingvrock Rd	Glen Head	NY	11545

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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: 04/12/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Kinscherf	Theresa		0845

Residential Street Address	City	State	Zip Code
8 Pierson Grn	Cromwell	CT	06416

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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: 04/12/2026

Aggregate Contributions: $75.00

Last Name	First	MI	Contribution ID #
OConnor	Stephen		0846

Residential Street Address	City	State	Zip Code
153 Connecticut Ave	Newington	CT	06111

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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: 04/12/2026

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Elliott	Thomas		0847

Residential Street Address	City	State	Zip Code
320 Mariners Way	Copiague	NY	11726-5113

Principal Occupation	Name of Employer
manager	Elliot Consulting

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

If yes, indicate which branch or branches 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
04/12/2026	$50.00

Last Name	First	MI	Contribution ID #
Cordero	Frank		0848

Residential Street Address	City	State	Zip Code
464 Mechlin Corner Rd	Pittstown	NJ	08867

Principal Occupation	Name of Employer
LE Executive	Cnty of Hunterdon

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

If yes, indicate which branch or branches 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
04/12/2026	$20.00

Last Name	First	MI	Contribution ID #
Bergman	Laurel		0849

Residential Street Address	City	State	Zip Code
1004 Yardley Rd	Yardley	PA	19067

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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
04/12/2026	$20.00

Last Name	First	MI	Contribution ID #
Driller	Mel		0850

Residential Street Address	City	State	Zip Code
215 Avenue A 5RS	New York	NY	10009

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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
04/12/2026	$25.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Blois	Patrick		0851

Residential Street Address	City	State	Zip Code
225 Hoyt St	Darien	CT	06820

Principal Occupation	Name of Employer
Sales	Direct advantage magazine

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

If yes, indicate which branch or branches 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: 04/12/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Capuano	Julia		0836

Residential Street Address	City	State	Zip Code
32 Luke St	Prospect	CT	06712

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $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: 04/13/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Cammann	Carola		0837

Residential Street Address	City	State	Zip Code
71 Strawberry Hill Ave # 1012	Stamford	CT	06902

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $30.00

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: 04/13/2026

Aggregate Contributions: $30.00

Last Name	First	MI	Contribution ID #
Cavicke	Mary		0838

Residential Street Address	City	State	Zip Code
85 Joshua Ln Apt 2302	Old Lyme	CT	06371

Principal Occupation	Name of Employer
Lawyer	Wolverine Trading

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

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

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

Amount of Contribution: $250.00

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: 04/13/2026

Aggregate Contributions: $250.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Sweeney	Laurie		0839

Residential Street Address	City	State	Zip Code
10 Little Brook Dr	Newington	CT	06111

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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	Aggregate Contributions
04/13/2026	$340.00

Last Name	First	MI	Contribution ID #
Daniele	Mark		0840

Residential Street Address	City	State	Zip Code
23 Magnolia Ave	Norwalk	CT	06850

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $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
04/13/2026	$50.00

Last Name	First	MI	Contribution ID #
Atkins	Kevin		0841

Residential Street Address	City	State	Zip Code
45 Anvill Rd	Southport	CT	06890

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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
04/13/2026	$25.00

Last Name	First	MI	Contribution ID #
Thompson	Stephanie		0842

Residential Street Address	City	State	Zip Code
1030 Lake Ave	Greenwich	CT	06831

Principal Occupation	Name of Employer
Realtor	Stephanie Thompson

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

If yes, indicate which branch or branches 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
04/13/2026	$20.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Ramaglia	Joe		0843

Residential Street Address	City	State	Zip Code
239 Beach 140 St	Belle Harbor	NY	11694

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $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
04/13/2026	$100.00

Last Name	First	MI	Contribution ID #
Ritchie	Matthew		0829

Residential Street Address	City	State	Zip Code
25 Pilfershire Ln	West Simsbury	CT	06092

Principal Occupation	Name of Employer
Aerospace manufacturing	Collective Manufacturing

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

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

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

Amount of Contribution: $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
04/14/2026	$100.00

Last Name	First	MI	Contribution ID #
Vuoto	ROBERT		0830

Residential Street Address	City	State	Zip Code
36 Richards Grove Rd	Quaker Hill	CT	06375

Principal Occupation	Name of Employer
Correction Officer	Connecticut Department of Corrections

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

If yes, indicate which branch or branches 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
04/14/2026	$100.00

Last Name	First	MI	Contribution ID #
Goodfriend	John		0831

Residential Street Address	City	State	Zip Code
4 Durr Rd # 678	Jeffersonville	NY	12748-0678

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $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
04/14/2026	$10.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Gibbs	Melody		0832

Residential Street Address	City	State	Zip Code
168 W Avon Rd	Unionville	CT	06085

Principal Occupation	Name of Employer
LMT	Peaceful Balance

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

If yes, indicate which branch or branches 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	Aggregate Contributions
04/14/2026	$150.00

Last Name	First	MI	Contribution ID #
Jamba	Alice		0833

Residential Street Address	City	State	Zip Code
542 Branchville Rd	Ridgefield	CT	06877

Principal Occupation	Name of Employer
RN/SEMI RETIRED	AMS Advanced Medical Strategies

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

If yes, indicate which branch or branches 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
04/14/2026	$25.00

Last Name	First	MI	Contribution ID #
catsimatidis	john		0834

Residential Street Address	City	State	Zip Code
800 3rd Ave	New York	NY	10022

Principal Occupation	Name of Employer
chairman	united refining 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	Aggregate Contributions
04/14/2026	$340.00

Last Name	First	MI	Contribution ID #
Filbert	elizabeth		0835

Residential Street Address	City	State	Zip Code
88 Hickory Hill Rd	New Britain	CT	06052

Principal Occupation	Name of Employer
Dentist	Endodontic Associates of Greater Waterbury, PC.

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

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

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

Amount of Contribution: $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
04/14/2026	$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Weinbach	Peter		0810

Residential Street Address	City	State	Zip Code
42 Danbury Ave	Westport	CT	06880

Principal Occupation	Name of Employer
Managing Director	Bentley Associates LP

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

If yes, indicate which branch or branches 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: 04/15/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Orsi	Richard		0811

Residential Street Address	City	State	Zip Code
1 Forest Rd	Darien	CT	06820

Principal Occupation	Name of Employer
Furniture repair	Richard Orsi Restorations

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

If yes, indicate which branch or branches 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: 04/15/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Hare	Clare		0812

Residential Street Address	City	State	Zip Code
21 Old Farm Rd	Darien	CT	06820

Principal Occupation	Name of Employer
Advisor	Clare Hare

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

If yes, indicate which branch or branches 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: 04/15/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Lundgren	Jennnifer		0813

Residential Street Address	City	State	Zip Code
43 Five Fields Rd	Madison	CT	06443

Principal Occupation	Name of Employer
homemaker	Jennifer Lundgren

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

If yes, indicate which branch or branches 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: 04/15/2026

Aggregate Contributions: $10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Betsy 2026

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Attwater-Young	Melanie		0814

Residential Street Address	City	State	Zip Code
375 Chapel Hill Rd	Oakdale	CT	06370

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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: 04/15/2026

Aggregate Contributions: $225.00

Last Name	First	MI	Contribution ID #
Bollettieri	Patricia		0815

Residential Street Address	City	State	Zip Code
215 West Walk	West Haven	CT	06516

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $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: 04/15/2026

Aggregate Contributions: $150.00

Last Name	First	MI	Contribution ID #
McCormick	Laura		0816

Residential Street Address	City	State	Zip Code
143 Putnam Park	Greenwich	CT	06830

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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: 04/15/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Bar	Michael		0817

Residential Street Address	City	State	Zip Code
110 Logan Rd	New Canaan	CT	06840

Principal Occupation	Name of Employer
Physician	Michael Bar

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

If yes, indicate which branch or branches 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: 04/15/2026

Aggregate Contributions: $340.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Betsy 2026

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Palumbo	Louis		0818

Residential Street Address	City	State	Zip Code
1040 First Ave Ste 211	New York	NY	10022

Principal Occupation	Name of Employer
Private Security	Elite Intelligence and Protection 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: $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: 04/15/2026

Aggregate Contributions: $340.00

Last Name	First	MI	Contribution ID #
Tchakarov	Svetlin		0819

Residential Street Address	City	State	Zip Code
736 Silvermine Rd	New Canaan	CT	06840

Principal Occupation	Name of Employer
Founder	Protocol Holdings 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: $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: 04/15/2026

Aggregate Contributions: $340.00

Last Name	First	MI	Contribution ID #
Hilson	William		0820

Residential Street Address	City	State	Zip Code
39 Snowberry Ln	New Canaan	CT	06840

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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: 04/15/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
ARMSTRONG	CELESTE		0821

Residential Street Address	City	State	Zip Code
47 Masthay Cir	Southington	CT	06489

Principal Occupation	Name of Employer
Nurse	MidState Medical Center

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

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

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

Amount of Contribution: $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: 04/15/2026

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Betsy 2026

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Jones	darlene		0822

Residential Street Address	City	State	Zip Code
358 Cold Spring Dr	Westbrook	CT	06498

Principal Occupation	Name of Employer
Auditor	State of Connecticut Department of labor

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

If yes, indicate which branch or branches 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
04/15/2026	$100.00

Last Name	First	MI	Contribution ID #
Connolly	Bruce		0823

Residential Street Address	City	State	Zip Code
490 Riverside Ave # 1	Westport	CT	06881

Principal Occupation	Name of Employer
Business Owner	Bruce Connolly

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

If yes, indicate which branch or branches 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
04/15/2026	$100.00

Last Name	First	MI	Contribution ID #
parkin	jeffrey		0824

Residential Street Address	City	State	Zip Code
49 Merwin Ave	Milford	CT	06460

Principal Occupation	Name of Employer
pilot	rt vanerbilt

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

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

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

Amount of Contribution: $240.00

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
04/15/2026	$340.00

Last Name	First	MI	Contribution ID #
Muller	Steve		0825

Residential Street Address	City	State	Zip Code
131 Donahue Rd	North Granby	CT	06060

Principal Occupation	Name of Employer
Parts manager	Mitchell auto 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: $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
04/15/2026	$10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Betsy 2026

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
plourde	roger		0826

Residential Street Address	City	State	Zip Code
465 Transylvania Rd	Woodbury	CT	06798

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $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: 04/15/2026

Aggregate Contributions: $30.00

Last Name	First	MI	Contribution ID #
Adkisson	Greg		0827

Residential Street Address	City	State	Zip Code
79 Devonwood Ln	New Canaan	CT	06840

Principal Occupation	Name of Employer
Physician	NAPA

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

If yes, indicate which branch or branches 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: 04/15/2026

Aggregate Contributions: $150.00

Last Name	First	MI	Contribution ID #
Gardner	Daniel		0828

Residential Street Address	City	State	Zip Code
1318 Exeter Rd	Lebanon	CT	06249

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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: 04/15/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Kubik	John T		0799

Residential Street Address	City	State	Zip Code
234 Szost Dr	Fairfield	CT	06824

Principal Occupation	Name of Employer
Warehouseman/Driver	Plimpton & Hills Corporation

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

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

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

Amount of Contribution: $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: 04/16/2026

Aggregate Contributions: $340.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Boudreau	Eugene		0800

Residential Street Address	City	State	Zip Code
25 Leon Rd	Bristol	CT	06010

Principal Occupation	Name of Employer
Registered Nurse	Registered Nurse

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

If yes, indicate which branch or branches 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

Last Name	First	MI	Contribution ID #
Hirsch	Roland		0801

Residential Street Address	City	State	Zip Code
13830 Metcalf Ave # 15218	Overland Park	KS	66223

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $65.00

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: $90.00

Last Name	First	MI	Contribution ID #
Frey	Lynn		0802

Residential Street Address	City	State	Zip Code
50 Modley Rd .	Sharon	CT	06069

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $66.00

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: $66.00

Last Name	First	MI	Contribution ID #
Agli	Joe		0803

Residential Street Address	City	State	Zip Code
7 Richards Rd	South Kent	CT	06785

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $35.00

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: $60.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Betsy 2026

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
King	James		0804

Residential Street Address	City	State	Zip Code
9 Prattling Pond Rd	Farmington	CT	06034

Principal Occupation	Name of Employer
Systems	Desktop Digital

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

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

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

Amount of Contribution: $240.00

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: $240.00

Last Name	First	MI	Contribution ID #
Coe	Cameron		0805

Residential Street Address	City	State	Zip Code
8 Scuppo Rd Apt 13	Danbury	CT	06811

Principal Occupation	Name of Employer
Admissions Team Lead	Post University

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

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

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

Amount of Contribution: $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

Last Name	First	MI	Contribution ID #
Pretto	John		0806

Residential Street Address	City	State	Zip Code
16 Luke St	Prospect	CT	06712

Principal Occupation	Name of Employer
Engineer	Goldenrod Corp

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

If yes, indicate which branch or branches 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: $300.00

Last Name	First	MI	Contribution ID #
Barre	Helene		0807

Residential Street Address	City	State	Zip Code
20 Church St # A62	Greenwich	CT	06830

Principal Occupation	Name of Employer
Real Estate	Sothebys

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

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

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

Amount of Contribution: $90.00

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: $290.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Pontolillo	Anita		0808

Residential Street Address	City	State	Zip Code
3264 N Main St # A	Waterbury	CT	06704

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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 #
Cerchia	Steve		0809

Residential Street Address	City	State	Zip Code
26 Highridge Rd	West Simsbury	CT	06092

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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 #
Pontolillo	Jim		0993

Residential Street Address	City	State	Zip Code
3264 N Main St # A	Waterbury	CT	06704

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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 #
Hamilton	Christine		0790

Residential Street Address	City	State	Zip Code
4737 Pine Harrier Dr	Sarasota	FL	34231

Principal Occupation	Name of Employer
Surgeon	Aesthetic & Maxillofacial Surgery Center of Darien

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

If yes, indicate which branch or branches 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
04/17/2026	$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Seymour	David		0791

Residential Street Address	City	State	Zip Code
36 Arnott Rd	Manchester	CT	06040

Principal Occupation	Name of Employer
Owner	Candid Clicks PhotoBooth Company

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

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

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

Amount of Contribution: $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: 04/17/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Slavin	Thomas		0792

Residential Street Address	City	State	Zip Code
1544 Ponus Rdg	New Canaan	CT	06840

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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: 04/17/2026

Aggregate Contributions: $340.00

Last Name	First	MI	Contribution ID #
Borer	Brondi		0793

Residential Street Address	City	State	Zip Code
1544 Ponus Ridge Rd	New Canaan	CT	06840

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $240.00

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: 04/17/2026

Aggregate Contributions: $340.00

Last Name	First	MI	Contribution ID #
Stern	Irving		0794

Residential Street Address	City	State	Zip Code
170 Ridge Rd .	Madison	CT	06443

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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: 04/17/2026

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Betsy 2026

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Hofmiller	Robert		0795

Residential Street Address	City	State	Zip Code
225 Barnshed Ln	Guilford	CT	06437

Principal Occupation	Name of Employer
Business Agent/ Contract Negotiator	IATSE Local #74

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

If yes, indicate which 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
04/17/2026	$100.00	$25.00

Last Name	First	MI	Contribution ID #
BROOKS	JILL		0796

Residential Street Address	City	State	Zip Code
43 Park Pl	New Canaan	CT	06840

Principal Occupation	Name of Employer
RETIRED	RETIRED

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

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

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

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received	Aggregate Contributions	Amount of Contribution
04/17/2026	$5.00	$5.00

Last Name	First	MI	Contribution ID #
Hofmiller	Robert		0797

Residential Street Address	City	State	Zip Code
225 Barnshed Ln	Guilford	CT	06437

Principal Occupation	Name of Employer
Contract Negotiator for entertainment venues in So	Business Agent IATSE Local #74

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

If yes, indicate which 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
04/17/2026	$100.00	$50.00

Last Name	First	MI	Contribution ID #
Carter	Deborah		0798

Residential Street Address	City	State	Zip Code
19 E 80th St Apt 3C	New York	NY	10075-0710

Principal Occupation	Name of Employer
blogger	villagerexpat.com

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

If yes, indicate which 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
04/17/2026	$290.00	$290.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
ALLWOOD	CHRISTOPHER		0782

Residential Street Address	City	State	Zip Code
25 Saint Nicholas Ter Apt 32	New York	NY	10027

Principal Occupation	Name of Employer
tech support	New York

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

If yes, indicate which branch or branches 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: 04/18/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Muller	James		0783

Residential Street Address	City	State	Zip Code
190 Woodchuck Rd	Denver	NY	12421

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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: 04/18/2026

Aggregate Contributions: $15.00

Last Name	First	MI	Contribution ID #
McCormick	Laura		0784

Residential Street Address	City	State	Zip Code
143 Putnam Park	Greenwich	CT	06830

Principal Occupation	Name of Employer
Retired	Retred

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

If yes, indicate which branch or branches 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: 04/18/2026

Aggregate Contributions: $250.00

Last Name	First	MI	Contribution ID #
Visconti	Joseph		0785

Residential Street Address	City	State	Zip Code
1 Clifton Ave	West Hartford	CT	06107

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $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: 04/18/2026

Aggregate Contributions: $150.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Betsy 2026

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Hennig	Martha		0786

Residential Street Address	City	State	Zip Code
94 Indian Rock Rd	New Canaan	CT	06840

Principal Occupation	Name of Employer
Homemaker	Martha Hennig

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

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

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

Amount of Contribution: $250.00

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: 04/18/2026

Aggregate Contributions: $250.00

Last Name	First	MI	Contribution ID #
Ostronic	Thomas E		0787

Residential Street Address	City	State	Zip Code
202R Bloomingdale Rd	Quaker Hill	CT	06375

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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: 04/18/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Benton-Rzeznik	Lizinka		0788

Residential Street Address	City	State	Zip Code
12 Pond View Ln	Stamford	CT	06903

Principal Occupation	Name of Employer
Attorney	Lizinka Benton-Rzeznik

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

If yes, indicate which branch or branches 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: 04/18/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Perri	Jennifer		0789

Residential Street Address	City	State	Zip Code
5 Hickory Rd	Short Hills	NJ	07078

Principal Occupation	Name of Employer
Doctor	Trinity Health of New England

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

If yes, indicate which branch or branches 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: 04/18/2026

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
ahern	anne		0766

Residential Street Address	City	State	Zip Code
122 Shore Dr	Lyme	CT	06371

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $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: 04/19/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Mangione	Ronald		0767

Residential Street Address	City	State	Zip Code
16 Timber Crest Dr	Danbury	CT	06811

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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: 04/19/2026

Aggregate Contributions: $150.00

Last Name	First	MI	Contribution ID #
Loeb	Howard		0768

Residential Street Address	City	State	Zip Code
8047 Auberge Cir	San Diego	CA	92127

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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: 04/19/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
raus	john		0769

Residential Street Address	City	State	Zip Code
64 Nyselius Pl	Stamford	CT	06905

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $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: 04/19/2026

Aggregate Contributions: $10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Betsy 2026

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Fay	Mary		0770

Residential Street Address	City	State	Zip Code
83 Craigmoor Rd W hartfor	West Hartford	CT	06107-1212

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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: 04/19/2026

Aggregate Contributions: $150.00

Last Name	First	MI	Contribution ID #
McKeague	Janice		0771

Residential Street Address	City	State	Zip Code
624 Fallsmead Cir	Longwood	FL	32750

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $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: 04/19/2026

Aggregate Contributions: $340.00

Last Name	First	MI	Contribution ID #
Okane	Dennis		0772

Residential Street Address	City	State	Zip Code
385 Bayside Ave	Breezy Point	NY	11697

Principal Occupation	Name of Employer
Insurance agents	State Farm

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

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

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

Amount of Contribution: $31.33

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 04/19/2026

Aggregate Contributions: $31.33

Last Name	First	MI	Contribution ID #
Cascione	Thomas		0773

Residential Street Address	City	State	Zip Code
274 White Plains Post Rd Ste 4	Eastchester	NY	10709

Principal Occupation	Name of Employer
attorney	Thomas Cascione

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

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

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

Amount of Contribution: $28.00

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: 04/19/2026

Aggregate Contributions: $28.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Betsy 2026

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Polito	Barbara		0774

Residential Street Address	City	State	Zip Code
511 Hampton Hill Rd	Franklin Lakes	NJ	07417

Principal Occupation	Name of Employer
Clerical	Borough of Fair Lawn

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

If yes, indicate which branch or branches 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: 04/19/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Haller	Francesca F		0775

Residential Street Address	City	State	Zip Code
22 Jonquil Dr	Newtown	PA	18940

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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: 04/19/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
ROTH	HENRY		0776

Residential Street Address	City	State	Zip Code
1014 Vincent Ave	Bronx	NY	10465

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $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: 04/19/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
katz	jeffrey		0777

Residential Street Address	City	State	Zip Code
215 Milltown Rd	Springfield	NJ	07081

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $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: 04/19/2026

Aggregate Contributions: $10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Betsy 2026

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Federici	Frank		0778

Residential Street Address	City	State	Zip Code
1510 Ponus Rdg	New Canaan	CT	06840

Principal Occupation	Name of Employer
Finance	Merrill

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

If yes, indicate which branch or branches 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: 04/19/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Mychailyszyn	Peter		0779

Residential Street Address	City	State	Zip Code
673 Latimore Valley Rd	York Springs	PA	17372

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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: 04/19/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Gray	Judith		0780

Residential Street Address	City	State	Zip Code
48 Briarwood Rd	Newington	CT	06111

Principal Occupation	Name of Employer
Clerical	GE Capital

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

If yes, indicate which branch or branches 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: 04/19/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
FLANAGAN	MARK		0781

Residential Street Address	City	State	Zip Code
84 Burnside Ave Apt 8	East Hartford	CT	06108

Principal Occupation	Name of Employer
Driver	G&S scrap metal processors

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

If yes, indicate which branch or branches 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: 04/19/2026

Aggregate Contributions: $20.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Hang	Ingrid		0754

Residential Street Address	City	State	Zip Code
61 Sawmill Ln	Greenwich	CT	06830

Principal Occupation	Name of Employer
homemaker	Ingrid Hang

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

If yes, indicate which branch or branches 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	Aggregate Contributions
04/20/2026	$340.00

Last Name	First	MI	Contribution ID #
Wyrostek	Mike		0755

Residential Street Address	City	State	Zip Code
221 4th Ave	Stratford	CT	06615

Principal Occupation	Name of Employer
Chemist	Moschino

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

If yes, indicate which branch or branches 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
04/20/2026	$10.00

Last Name	First	MI	Contribution ID #
Macko	Michael		0756

Residential Street Address	City	State	Zip Code
110 Stuart Rd E # P .H.	Bridgewater	CT	06752

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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
04/20/2026	$10.00

Last Name	First	MI	Contribution ID #
Ives	Robert		0757

Residential Street Address	City	State	Zip Code
12 Turnberry Ct	Plantsville	CT	06479

Principal Occupation	Name of Employer
Energy Consultant	RPI DEVELOPMENT 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: $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
04/20/2026	$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Griffin	William		0758

Residential Street Address	City	State	Zip Code
137 Far Mill St	Shelton	CT	06484

Principal Occupation	Name of Employer
Home Builder	William Griffin

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

If yes, indicate which branch or branches 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	Aggregate Contributions
04/20/2026	$340.00

Last Name	First	MI	Contribution ID #
Cavaliere	Gina		0759

Residential Street Address	City	State	Zip Code
137 Far Mill St	Shelton	CT	06484

Principal Occupation	Name of Employer
Owner	It's A Grind 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: $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	Aggregate Contributions
04/20/2026	$340.00

Last Name	First	MI	Contribution ID #
Levy	Peter		0760

Residential Street Address	City	State	Zip Code
18 Mayfair Ln	Greenwich	CT	06831

Principal Occupation	Name of Employer
Real Estate	Kamber Management

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

If yes, indicate which branch or branches 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	Aggregate Contributions
04/20/2026	$340.00

Last Name	First	MI	Contribution ID #
Levy	Steven		0761

Residential Street Address	City	State	Zip Code
59 Pecksland Rd	Greenwich	CT	06831

Principal Occupation	Name of Employer
real estate broker	Steven Levy

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

If yes, indicate which branch or branches 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	Aggregate Contributions
04/20/2026	$340.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Uihlein	Mark		0762

Residential Street Address	City	State	Zip Code
13 Harbor Vw S	Essex	CT	06426

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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
04/20/2026	$100.00

Last Name	First	MI	Contribution ID #
Levy	Leora		0763

Residential Street Address	City	State	Zip Code
59 Pecksland Rd	Greenwich	CT	06831

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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	Aggregate Contributions
04/20/2026	$340.00

Last Name	First	MI	Contribution ID #
Rifkin	Selina		0764

Residential Street Address	City	State	Zip Code
38 Park Pl	Ansonia	CT	06401

Principal Occupation	Name of Employer
homemaker	Selina Rifkin

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

If yes, indicate which branch or branches 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	Aggregate Contributions
04/20/2026	$200.00

Last Name	First	MI	Contribution ID #
Luysterborghs	Adam		0765

Residential Street Address	City	State	Zip Code
5 Garden Rd	Weston	CT	06883

Principal Occupation	Name of Employer
Real estate lender	AVANT Capital Partners

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

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

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

Amount of Contribution: $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	Aggregate Contributions
04/20/2026	$340.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Roy	Denis	M	0969

Residential Street Address	City	State	Zip Code
56 Chestnut St	Bethel	CT	06801

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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 #
Bailey	John	J	0970

Residential Street Address	City	State	Zip Code
36 Tanglewood Dr	Norwich	CT	06360

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $35.00

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: $35.00

Last Name	First	MI	Contribution ID #
Murphy	Donna	C	0971

Residential Street Address	City	State	Zip Code
33 W Ledge	Burlington	CT	06013

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $35.00

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: $35.00

Last Name	First	MI	Contribution ID #
Reid	Douglas	M	0972

Residential Street Address	City	State	Zip Code
258 Mulberry Hill Rd	Fairfield	CT	06824

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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): Betsy 2026

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
White	Blunt		0973

Residential Street Address	City	State	Zip Code
77 Collins Rd	Stonington	CT	06378

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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: 04/20/2026

Aggregate Contributions: $340.00

Last Name	First	MI	Contribution ID #
Savino	Gennaro		0974

Residential Street Address	City	State	Zip Code
128 Ford Rd	Woodbridge	CT	06525

Principal Occupation	Name of Employer
Wine Maker	Savino Vineyards

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

If yes, indicate which branch or branches 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 #
Petraglia	Nicholas		0747

Residential Street Address	City	State	Zip Code
228 Rich Ave	Mount Vernon	NY	10550

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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: 04/21/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Drozd	Skip		0748

Residential Street Address	City	State	Zip Code
33 Wolf Hollow Ln	Killingworth	CT	06419

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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: 04/21/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Betsy 2026

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Rogers	Eric		0749

Residential Street Address	City	State	Zip Code
493 Ocean Ave	West Haven	CT	06516

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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
04/21/2026	$25.00

Last Name	First	MI	Contribution ID #
Berinstein	Sandra		0750

Residential Street Address	City	State	Zip Code
9 Bainton Rd	West Hartford	CT	06117

Principal Occupation	Name of Employer
paralegal	Paralegal Plus, 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: $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	Aggregate Contributions
04/21/2026	$340.00

Last Name	First	MI	Contribution ID #
Rufo	Lynda		0751

Residential Street Address	City	State	Zip Code
9 Birch Rd	Mahwah	NJ	07430

Principal Occupation	Name of Employer
Vice President-Finance	Wealth Management Firm

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

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

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

Amount of Contribution: $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
04/21/2026	$50.00

Last Name	First	MI	Contribution ID #
Hughes	John		0752

Residential Street Address	City	State	Zip Code
182 Sherman Hill Rd	Woodbury	CT	06798

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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
04/21/2026	$10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Betsy 2026

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Decicco	Christine		0753

Residential Street Address	City	State	Zip Code
70 N Gate Rd	Woodbury	CT	06798

Principal Occupation	Name of Employer
Christine	Dr Charles bGuck

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

If yes, indicate which branch or branches 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: 04/21/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Oliveri	Stephen		0726

Residential Street Address	City	State	Zip Code
95 E Melrose St	Valley Stream	NY	11580

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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: 04/22/2026

Aggregate Contributions: $340.00

Last Name	First	MI	Contribution ID #
Yeisley	Donna		0727

Residential Street Address	City	State	Zip Code
17 Elm Dr	East Northport	NY	11731

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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: 04/22/2026

Aggregate Contributions: $340.00

Last Name	First	MI	Contribution ID #
Contillo	Maureen		0728

Residential Street Address	City	State	Zip Code
84 Lake Dr	Oakdale	CT	06370

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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: 04/22/2026

Aggregate Contributions: $200.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Bonelli	Laura		0729

Residential Street Address	City	State	Zip Code
25 Glen Ave	Sea Cliff	NY	11579

Principal Occupation	Name of Employer
Executive	LifeVac

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

If yes, indicate which branch or branches 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: 04/22/2026

Aggregate Contributions: $340.00

Last Name	First	MI	Contribution ID #
Daniele	Mark		0730

Residential Street Address	City	State	Zip Code
23 Magnolia Ave	Norwalk	CT	06850

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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: 04/22/2026

Aggregate Contributions: $60.00

Last Name	First	MI	Contribution ID #
Cavaliere	Vincent		0731

Residential Street Address	City	State	Zip Code
137 Far Mill St	Shelton	CT	06484

Principal Occupation	Name of Employer
IT Tech	Reliable Technologies

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

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

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

Amount of Contribution: $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: 04/22/2026

Aggregate Contributions: $340.00

Last Name	First	MI	Contribution ID #
Pisani	Domenica		0732

Residential Street Address	City	State	Zip Code
28 Parmalee Hill Rd	Newtown	CT	06470

Principal Occupation	Name of Employer
Gymnastics Coach	Elite Gymnastics Center, 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: $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: 04/22/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Betsy 2026

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Pisani	Derek		0733

Residential Street Address	City	State	Zip Code
28 Parmalee Hill Rd	Newtown	CT	06470

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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: 04/22/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Schmidt	Renie		0734

Residential Street Address	City	State	Zip Code
266 Cognewaugh Rd	Cos Cob	CT	06807

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $34.00

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: 04/22/2026

Aggregate Contributions: $34.00

Last Name	First	MI	Contribution ID #
Mcdonald	Deborah		0735

Residential Street Address	City	State	Zip Code
3 River Cir	Simsbury	CT	06070

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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: 04/22/2026

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
Kichar	Matthew		0736

Residential Street Address	City	State	Zip Code
638 Bethmour Rd	Bethany	CT	06524

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $200.00

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: 04/22/2026

Aggregate Contributions: $200.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Coe	Cameron		0737

Residential Street Address	City	State	Zip Code
8 Scuppo Rd	Danbury	CT	06811

Principal Occupation	Name of Employer
Admissions Team Lead	Post University

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

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

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

Amount of Contribution: $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
04/22/2026	$10.00

Last Name	First	MI	Contribution ID #
Travers	Eileen		0738

Residential Street Address	City	State	Zip Code
114 Aspetuck Trl	Shelton	CT	06484

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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
04/22/2026	$25.00

Last Name	First	MI	Contribution ID #
Svengalis	Kendall		0739

Residential Street Address	City	State	Zip Code
3 Rockland Rd	Guilford	CT	06437

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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
04/22/2026	$225.00

Last Name	First	MI	Contribution ID #
Darrin	Laura		0740

Residential Street Address	City	State	Zip Code
533 Stanwich Rd	Greenwich	CT	06831

Principal Occupation	Name of Employer
home maker	Laura Darrin

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

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

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

Amount of Contribution: $250.00

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
04/22/2026	$250.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Betsy 2026

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Guest	Rayne		0741

Residential Street Address	City	State	Zip Code
5109 N Hall St	Dallas	TX	75235

Principal Occupation	Name of Employer
CEO	Rayne Guest

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

If yes, indicate which branch or branches 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: 04/22/2026

Aggregate Contributions: $340.00

Last Name	First	MI	Contribution ID #
Cavaliere	Denee		0742

Residential Street Address	City	State	Zip Code
137 Far Mill St	Shelton	CT	06484

Principal Occupation	Name of Employer
Restaurant Manager	Restaurant Manager

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

If yes, indicate which branch or branches 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: 04/22/2026

Aggregate Contributions: $340.00

Last Name	First	MI	Contribution ID #
Noce	Eugenia		0743

Residential Street Address	City	State	Zip Code
25 Indian Ledge Rd	Monroe	CT	06468

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $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: 04/22/2026

Aggregate Contributions: $340.00

Last Name	First	MI	Contribution ID #
Frank	Peter		0744

Residential Street Address	City	State	Zip Code
1009 Middle St	Sullivans Island	SC	29482

Principal Occupation	Name of Employer
Banker	Banker

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

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

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

Amount of Contribution: $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: 04/22/2026

Aggregate Contributions: $340.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Betsy 2026

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Frank	Pamela		0745

Residential Street Address	City	State	Zip Code
33 Baldwin Farms Rd S	Greenwich	CT	06831

Principal Occupation	Name of Employer
Physician	Pamela gallin md

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

If yes, indicate which branch or branches 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: 04/22/2026

Aggregate Contributions: $340.00

Last Name	First	MI	Contribution ID #
Ferro	Paul		0746

Residential Street Address	City	State	Zip Code
338 Union Ave Unit 6	West Haven	CT	06516

Principal Occupation	Name of Employer
Project manager construction	Paul Davis Restoration

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

If yes, indicate which branch or branches 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: 04/22/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Enders	Michael		0720

Residential Street Address	City	State	Zip Code
51 Hughes St	East Haven	CT	06512

Principal Occupation	Name of Employer
Part-time online instructor	Central Texas College

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

If yes, indicate which branch or branches 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: 04/23/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Ruot	Julie		0721

Residential Street Address	City	State	Zip Code
700 High Street Ext Apt C	Thomaston	CT	06787

Principal Occupation	Name of Employer
Denial prevention analyst	Hartford 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: $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: 04/23/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Betsy 2026

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Wright	Daniel		0722

Residential Street Address	City	State	Zip Code
432 Davidson St	Bridgeport	CT	06605

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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: 04/23/2026

Aggregate Contributions: $150.00

Last Name	First	MI	Contribution ID #
Cogoli	Katie		0723

Residential Street Address	City	State	Zip Code
2 Latimer Dr	East Lyme	CT	06333

Principal Occupation	Name of Employer
Wellness Specialist	Katie Cogoli

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

If yes, indicate which branch or branches 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: 04/23/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
White	Shelby		0724

Residential Street Address	City	State	Zip Code
1 Sutton Pl S	New York	NY	10022

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $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: 04/23/2026

Aggregate Contributions: $340.00

Last Name	First	MI	Contribution ID #
Zachos	John		0725

Residential Street Address	City	State	Zip Code
52 Elm Dr	Newtown	CT	06470

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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: 04/23/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Betsy 2026

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Maggio	Holly	A	0975

Residential Street Address	City	State	Zip Code
34 Agnew Farm Rd	Armonk	NY	10504

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No

If yes, list Event # 04182026A

Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received	Aggregate Contributions
04/23/2026	$100.00

Last Name	First	MI	Contribution ID #
Acampora	Vincent		0976

Residential Street Address	City	State	Zip Code
46 Wood Ter	East Haven	CT	06512

Principal Occupation	Name of Employer
Student Transportation	Zam 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: $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
04/23/2026	$25.00

Last Name	First	MI	Contribution ID #
Oates	Audrey	K	0977

Residential Street Address	City	State	Zip Code
38 Boston Rd Apt 313	Middletown	CT	06457

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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
04/23/2026	$10.00

Last Name	First	MI	Contribution ID #
Molitoris	Robert	A	0978

Residential Street Address	City	State	Zip Code
20 Circle Dr	Chelsea	NY	12512

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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	Aggregate Contributions
04/23/2026	$150.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Betsy 2026

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Flynn	John	J	0979

Residential Street Address	City	State	Zip Code
31 Quintard Ave	Norwalk	CT	06854

Principal Occupation	Name of Employer
Carpenter	Clairvoyant Capitol 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: 04/23/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Sayres	Starr	E	0980

Residential Street Address	City	State	Zip Code
30 Bokum Rd Unit 15	Essex	CT	06426

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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: 04/23/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Sullivan	Dermod	O	0981

Residential Street Address	City	State	Zip Code
11 Georgetowne N	Greenwich	CT	06831

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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: 04/23/2026

Aggregate Contributions: $340.00

Last Name	First	MI	Contribution ID #
Trevor	Nancy		0713

Residential Street Address	City	State	Zip Code
2 Brownstone Turn	Weatogue	CT	06089

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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: 04/24/2026

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Gray	Judith		0714

Residential Street Address	City	State	Zip Code
48 Briarwood Rd	Newington	CT	06111

Principal Occupation	Name of Employer
Clerical	GE Capital

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

If yes, indicate which branch or branches 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
04/24/2026	$100.00

Last Name	First	MI	Contribution ID #
Badagliacca	Lauren		0715

Residential Street Address	City	State	Zip Code
25 S Bay Dr	Massapequa	NY	11758

Principal Occupation	Name of Employer
Homemaker	Lauren Badagliacca

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

If yes, indicate which branch or branches 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	Aggregate Contributions
04/24/2026	$340.00

Last Name	First	MI	Contribution ID #
Badagliacca	Anthony		0716

Residential Street Address	City	State	Zip Code
25 S Bay Dr	Massapequa	NY	11758

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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	Aggregate Contributions
04/24/2026	$340.00

Last Name	First	MI	Contribution ID #
Muller	James		0717

Residential Street Address	City	State	Zip Code
190 Woodchuck Rd	Denver	NY	12421

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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	Aggregate Contributions
04/24/2026	$20.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Price	julie		0718

Residential Street Address	City	State	Zip Code
363 Horse Pond Rd	Madison	CT	06443

Principal Occupation	Name of Employer
homemaker	Julie Price

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

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

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

Amount of Contribution: $9.01

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 04/24/2026

Aggregate Contributions: $9.01

Last Name	First	MI	Contribution ID #
Wilder	Louise		0719

Residential Street Address	City	State	Zip Code
45 Bathcrescent La	Bloomfield	CT	06002

Principal Occupation	Name of Employer
Homemaker	Louise Wilder

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

If yes, indicate which branch or branches 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: 04/24/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Scott	Tucker		0703

Residential Street Address	City	State	Zip Code
655 Hollow Tree Ridge Rd	Darien	CT	06820

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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: 04/25/2026

Aggregate Contributions: $150.00

Last Name	First	MI	Contribution ID #
McCaughey	Elizabeth		0704

Residential Street Address	City	State	Zip Code
5 Partridge Hollow Rd	Greenwich	CT	06831

Principal Occupation	Name of Employer
Journalist	Committee to Reduce Infection Deaths

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

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

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

Amount of Contribution: $1.00

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: 04/25/2026

Aggregate Contributions: $1.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Betsy 2026

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Borer	Justine		0705

Residential Street Address	City	State	Zip Code
47 E 88th St	New York	NY	10128

Principal Occupation	Name of Employer
Professor	CUNY

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

If yes, indicate which branch or branches 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: 04/25/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Mannion	Daniel		0706

Residential Street Address	City	State	Zip Code
2 Meadowbank Rd	Old Greenwich	CT	06870

Principal Occupation	Name of Employer
Trader	Morgan Stanley

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

If yes, indicate which branch or branches 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: 04/25/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Mannion	Clare		0707

Residential Street Address	City	State	Zip Code
2 Meadowbank Rd	Old Greenwich	CT	06870

Principal Occupation	Name of Employer
Flight Attendant	American Airlines

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

If yes, indicate which branch or branches 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: 04/25/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Acock	Deborah		0708

Residential Street Address	City	State	Zip Code
3 Stonegate Village Dr	Columbus	OH	43212

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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: 04/25/2026

Aggregate Contributions: $20.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Zilly	Danielle		0709

Residential Street Address	City	State	Zip Code
10057 E Hidden Valley Rd	Scottsdale	AZ	85262

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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
04/25/2026	$100.00

Last Name	First	MI	Contribution ID #
Davis	Mark		0710

Residential Street Address	City	State	Zip Code
306 Sound Beach Ave	Old Greenwich	CT	06870

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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
04/25/2026	$100.00

Last Name	First	MI	Contribution ID #
McCaughey	Diana		0711

Residential Street Address	City	State	Zip Code
5 Partridge Hollow Rd	Greenwich	CT	06831

Principal Occupation	Name of Employer
Civil servant	Westchester County

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

If yes, indicate which branch or branches 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	Aggregate Contributions
04/25/2026	$340.00

Last Name	First	MI	Contribution ID #
sprung	lloyd		0712

Residential Street Address	City	State	Zip Code
36 Mooreland Rd	Greenwich	CT	06831

Principal Occupation	Name of Employer
Restructuring	Lloyd Sprung

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

If yes, indicate which branch or branches 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	Aggregate Contributions
04/25/2026	$340.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Betsy 2026

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Monahan	Marianne		0696

Residential Street Address	City	State	Zip Code
21 Echo Ln	Greenwich	CT	06830

Principal Occupation	Name of Employer
physician	Westmed

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

If yes, indicate which branch or branches 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: 04/26/2026

Aggregate Contributions: $340.00

Last Name	First	MI	Contribution ID #
Taub	Ora Burstein		0697

Residential Street Address	City	State	Zip Code
71 Blueberry Dr	Stamford	CT	06902

Principal Occupation	Name of Employer
Physician	Asthma and allergy center

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

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

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

Amount of Contribution: $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: 04/26/2026

Aggregate Contributions: $340.00

Last Name	First	MI	Contribution ID #
Hang	David		0698

Residential Street Address	City	State	Zip Code
61 Sawmill Ln	Greenwich	CT	06830

Principal Occupation	Name of Employer
Investor	Delta Biofuel

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

If yes, indicate which branch or branches 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: 04/26/2026

Aggregate Contributions: $340.00

Last Name	First	MI	Contribution ID #
FLANAGAN	MARK		0699

Residential Street Address	City	State	Zip Code
84 Burnside Ave Apt 8	East Hartford	CT	06108

Principal Occupation	Name of Employer
Truck Driver	G&S Scrap metal

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

If yes, indicate which branch or branches 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: 04/26/2026

Aggregate Contributions: $30.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
West	Thomas		0700

Residential Street Address	City	State	Zip Code
126 Taconic Rd	Greenwich	CT	06831

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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: 04/26/2026

Aggregate Contributions: $340.00

Last Name	First	MI	Contribution ID #
Haefele	John		0701

Residential Street Address	City	State	Zip Code
89 Pomfret Rd	Brooklyn	CT	06234

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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: 04/26/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
wassmer	karen		0702

Residential Street Address	City	State	Zip Code
1398 Millbrook Rd	Middletown	CT	06457

Principal Occupation	Name of Employer
Engineer	CT Civil 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: $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: 04/26/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Goclowski	Faithalee		0690

Residential Street Address	City	State	Zip Code
42 Brookdale Ln	Waterbury	CT	06705

Principal Occupation	Name of Employer
Homecare	Faithalee Goclowski

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

If yes, indicate which branch or branches 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: 04/27/2026

Aggregate Contributions: $40.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Griffin	James â€œJimâ€		0691

Residential Street Address	City	State	Zip Code
134 Boy St	Bristol	CT	06010

Principal Occupation	Name of Employer
Director/Founder	Colt Frontier & Industrial History Educational non

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

If yes, indicate which branch or branches 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: 04/27/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Smith	William		0692

Residential Street Address	City	State	Zip Code
2 Little Cove Ln	Old Greenwich	CT	06870

Principal Occupation	Name of Employer
CEO and Founder	Renaissance Capital

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

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

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

Amount of Contribution: $190.00

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: 04/27/2026

Aggregate Contributions: $340.00

Last Name	First	MI	Contribution ID #
Levy	Peter		0693

Residential Street Address	City	State	Zip Code
18 Mayfair Ln	Greenwich	CT	06831

Principal Occupation	Name of Employer
Real estate management	Kamber Management

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

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

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

Amount of Contribution: $90.00

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: 04/27/2026

Aggregate Contributions: $430.00

Last Name	First	MI	Contribution ID #
Levy	Nan		0694

Residential Street Address	City	State	Zip Code
18 Mayfair Ln	Greenwich	CT	06831

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $90.00

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: 04/27/2026

Aggregate Contributions: $340.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Betsy 2026

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Borer	Jeffrey		0695

Residential Street Address	City	State	Zip Code
47 E 88th St	New York	NY	10128

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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: 04/27/2026

Aggregate Contributions: $340.00

Last Name	First	MI	Contribution ID #
Grohoski	Greg		0684

Residential Street Address	City	State	Zip Code
3500 Avendale Dr	Austin	TX	78738

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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: 04/28/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Crowley	Donna		0685

Residential Street Address	City	State	Zip Code
64 Carson Ave	Wethersfield	CT	06109

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $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: 04/28/2026

Aggregate Contributions: $65.00

Last Name	First	MI	Contribution ID #
Kelsey	J David		0686

Residential Street Address	City	State	Zip Code
74 Sill Ln	Old Lyme	CT	06371

Principal Occupation	Name of Employer
Investment Manager	Hamilton Point Investments

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

If yes, indicate which branch or branches 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: 04/28/2026

Aggregate Contributions: $340.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Betsy 2026

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Sikorski	Gary		0687

Residential Street Address	City	State	Zip Code
126 Smith Rd	East Haddam	CT	06423

Principal Occupation	Name of Employer
Corrections Officer	State of Connecticut

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

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

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

Amount of Contribution: $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: 04/28/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Braunstein	Cal		0688

Residential Street Address	City	State	Zip Code
46 Kent Hills Ln	Wilton	CT	06897

Principal Occupation	Name of Employer
executive	RFG

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

If yes, indicate which branch or branches 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: 04/28/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Moran	Kathleen		0689

Residential Street Address	City	State	Zip Code
16 Tamarack Pl	Greenwich	CT	06831

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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: 04/28/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Reynolds	Trey		0680

Residential Street Address	City	State	Zip Code
54B Woodland Dr	Greenwich	CT	06830

Principal Occupation	Name of Employer
Consulting	RSR Partners

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

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

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

Amount of Contribution: $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: 04/29/2026

Aggregate Contributions: $150.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Telesco	David		0681

Residential Street Address	City	State	Zip Code
7 Jason Ct	Brookfield	CT	06804-3034

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $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: 04/29/2026

Aggregate Contributions: $15.00

Last Name	First	MI	Contribution ID #
Telesco	Beth		0682

Residential Street Address	City	State	Zip Code
7 Jason Ct	Brookfield	CT	06804-3034

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $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: 04/29/2026

Aggregate Contributions: $15.00

Last Name	First	MI	Contribution ID #
Cueto	Darla		0683

Residential Street Address	City	State	Zip Code
556 Woodend Rd	Stratford	CT	06615

Principal Occupation	Name of Employer
A/P Specialist	Bridgeport Fittings, 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: $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: 04/29/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Pylant	Rogers		0670

Residential Street Address	City	State	Zip Code
80 Round Hill Rd .	Middletown	CT	06457

Principal Occupation	Name of Employer
RETIRED	RETIRED

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

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

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

Amount of Contribution: $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: 04/30/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Betsy 2026

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Mesel	Tobie		0671

Residential Street Address	City	State	Zip Code
55 Marshall Ave	Guilford	CT	06437

Principal Occupation	Name of Employer
Therapist	Tobie Meisel, therapist

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

If yes, indicate which branch or branches 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: 04/30/2026

Aggregate Contributions: $150.00

Last Name	First	MI	Contribution ID #
HOLMAN	ELAINE		0672

Residential Street Address	City	State	Zip Code
6 Sparrow Bush Ln	Guilford	CT	06437-2944

Principal Occupation	Name of Employer
RETIRED	RETIRED

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

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

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

Amount of Contribution: $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 #
Phelan	John		0673

Residential Street Address	City	State	Zip Code
323 N River St	Guilford	CT	06437

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $240.00

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 #
HOLMAN	DAVID		0674

Residential Street Address	City	State	Zip Code
6 Sparrow Bush Ln	Guilford	CT	06437-2944

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Betsy 2026

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Todd	Patricia		0675

Residential Street Address	City	State	Zip Code
120 N Fair St # 1A	Guilford	CT	06437

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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: 04/30/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
O'Connell	Leah		0676

Residential Street Address	City	State	Zip Code
200 Squaw Ln	Guilford	CT	06437

Principal Occupation	Name of Employer
Homemaker	Leah O'Connell

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

If yes, indicate which branch or branches 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 #
Crowe	Dennis		0677

Residential Street Address	City	State	Zip Code
141 Twilight Dr	Madison	CT	06443

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $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: 04/30/2026

Aggregate Contributions: $75.00

Last Name	First	MI	Contribution ID #
ONETO	TODD		0678

Residential Street Address	City	State	Zip Code
338 Margarite Rd	Middletown	CT	06457

Principal Occupation	Name of Employer
Professor/Faculty	University of San Diego

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

If yes, indicate which branch or branches 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: 04/30/2026

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Horchner	Kim		0679

Residential Street Address	City	State	Zip Code
26 Maplewood Ln	Madison	CT	06443

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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: 04/30/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Griswold	Timothy		0961

Residential Street Address	City	State	Zip Code
13 4 Griswold Point Rd	Old Lyme	CT	06371

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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: 05/01/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Calandro, Jr.	Albert		0962

Residential Street Address	City	State	Zip Code
67 Front Ave	West Haven	CT	06516

Principal Occupation	Name of Employer
Internal Auditor	Eversource Energy

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

If yes, indicate which branch or branches 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: 05/01/2026

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
Mack	James		0963

Residential Street Address	City	State	Zip Code
71 Wildwood Dr	Greenwich	CT	06830

Principal Occupation	Name of Employer
Owner	Grey Grove 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: 05/01/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Mclean	Herman		0964

Residential Street Address	City	State	Zip Code
159 Skyview Dr	Southbury	CT	06488

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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: 05/01/2026

Aggregate Contributions: $200.00

Last Name	First	MI	Contribution ID #
Mclean	Nancy		0965

Residential Street Address	City	State	Zip Code
159 Skyview Dr	Southbury	CT	06488

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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: 05/01/2026

Aggregate Contributions: $200.00

Last Name	First	MI	Contribution ID #
Mc Dermott	Patrick		0966

Residential Street Address	City	State	Zip Code
45 Chapel Hill Dr	Fairfield	CT	06825

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $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: 05/01/2026

Aggregate Contributions: $125.00

Last Name	First	MI	Contribution ID #
Weber Jr	Charles		0967

Residential Street Address	City	State	Zip Code
220 Mulberry Ln	Orange	CT	06477

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $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: 05/01/2026

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Deluca	Elizabeth		0956

Residential Street Address	City	State	Zip Code
1106 Smith Ridge Rd	New Canaan	CT	06840

Principal Occupation	Name of Employer
homemaker	Elizabeth Deluca

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

If yes, indicate which branch or branches 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: 05/02/2026

Aggregate Contributions: $340.00

Last Name	First	MI	Contribution ID #
Morrissey	Denise		0957

Residential Street Address	City	State	Zip Code
3406 Main St	Stratford	CT	06614

Principal Occupation	Name of Employer
Retired	retired

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

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

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

Amount of Contribution: $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: 05/02/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Morrissey	Mary		0958

Residential Street Address	City	State	Zip Code
1 Reservoir Rd	Farmington	CT	06032

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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: 05/02/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Horchner	Kim		0959

Residential Street Address	City	State	Zip Code
26 Maplewood Ln	Madison	CT	06443

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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: 05/02/2026

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Betsy 2026

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Colwell	Michael		0960

Residential Street Address	City	State	Zip Code
5 Partridge Hollow Rd	Greenwich	CT	06831

Principal Occupation	Name of Employer
Electrician	Rinaldi Electric

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

If yes, indicate which branch or branches 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: 05/02/2026

Aggregate Contributions: $340.00

Last Name	First	MI	Contribution ID #
Siwik	Larry		0992

Residential Street Address	City	State	Zip Code
2 Green Knolls Ln	Newtown	CT	06470

Principal Occupation	Name of Employer
Diesel Mechanic	Shur Shot Gunite Pools

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

If yes, indicate which branch or branches 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: 05/03/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Harlow	Janet		0937

Residential Street Address	City	State	Zip Code
1060 New Haven Ave Unit 1	Milford	CT	06460

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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: 05/03/2026

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
Crowley	Donna		0938

Residential Street Address	City	State	Zip Code
64 Carson Ave	Wethersfield	CT	06109

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $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: 05/03/2026

Aggregate Contributions: $90.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
ormsby	nancy		0939

Residential Street Address	City	State	Zip Code
15 Meadowpark Ave S	Stamford	CT	06905

Principal Occupation	Name of Employer
construction manager	city of stamford

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

If yes, indicate which 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
05/03/2026	$25.00	$25.00

Last Name	First	MI	Contribution ID #
Massis	Gary		0940

Residential Street Address	City	State	Zip Code
13755 75th Rd	Flushing	NY	11367

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received	Aggregate Contributions	Amount of Contribution
05/03/2026	$50.00	$50.00

Last Name	First	MI	Contribution ID #
Quackenbush	Bruce		0941

Residential Street Address	City	State	Zip Code
77 Havemeyer Ln Unit 67	Stamford	CT	06902

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received	Aggregate Contributions	Amount of Contribution
05/03/2026	$340.00	$340.00

Last Name	First	MI	Contribution ID #
Picone	Frances		0942

Residential Street Address	City	State	Zip Code
16 Todd Rd N	Katonah	NY	10536

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received	Aggregate Contributions	Amount of Contribution
05/03/2026	$15.00	$15.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Taub	David		0943

Residential Street Address	City	State	Zip Code
71 Blueberry Dr	Stamford	CT	06902

Principal Occupation	Name of Employer
Engineer	ASML

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

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

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

Amount of Contribution: $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: 05/03/2026

Aggregate Contributions: $340.00

Last Name	First	MI	Contribution ID #
Petraglia	Nicholas		0944

Residential Street Address	City	State	Zip Code
228 Rich Ave	Mount Vernon	NY	10552

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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: 05/03/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Levine	Reuven		0945

Residential Street Address	City	State	Zip Code
106 Roosevelt Ave	Inwood	NY	11096

Principal Occupation	Name of Employer
Rabbi/Teacher	Hebrew Academy of Long Beach

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

If yes, indicate which branch or branches 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: 05/03/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Halikias	John		0946

Residential Street Address	City	State	Zip Code
2101 Brown St	Brooklyn	NY	11229

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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: 05/03/2026

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Betsy 2026

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
I Merritt	Lewis		0947

Residential Street Address	City	State	Zip Code
368 Hitching Post Dr	Orange	CT	06477

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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
05/03/2026	$50.00

Last Name	First	MI	Contribution ID #
litra	raymond		0948

Residential Street Address	City	State	Zip Code
898 River Rd	Red Hook	NY	12571

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $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
05/03/2026	$50.00

Last Name	First	MI	Contribution ID #
BRANDT	PATRICE		0949

Residential Street Address	City	State	Zip Code
39 Williamsburg Dr	Orange	CT	06477

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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
05/03/2026	$100.00

Last Name	First	MI	Contribution ID #
katz	jeffrey		0950

Residential Street Address	City	State	Zip Code
215 Milltown Rd	Springfield	NJ	07081

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $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
05/03/2026	$30.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Bromley	Robert		0951

Residential Street Address	City	State	Zip Code
2629 Samoa Dr	El Paso	TX	79925

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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
05/03/2026	$100.00

Last Name	First	MI	Contribution ID #
Landsman	Michael		0952

Residential Street Address	City	State	Zip Code
600 W 246th St Apt 1007	The Bronx	NY	10471-3623

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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
05/03/2026	$50.00

Last Name	First	MI	Contribution ID #
Kaba	Juliet		0953

Residential Street Address	City	State	Zip Code
38 Perna Ln	Stamford	CT	06903

Principal Occupation	Name of Employer
Homemaker	Juliet Kaba

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

If yes, indicate which branch or branches 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
05/03/2026	$50.00

Last Name	First	MI	Contribution ID #
Smith	Matthew L		0954

Residential Street Address	City	State	Zip Code
336 Babcock Hill Rd	Lebanon	CT	06249

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $250.00

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
05/03/2026	$250.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Lissauer	Jeanine		0955

Residential Street Address	City	State	Zip Code
836 Hollywood Blvd	Crownsville	MD	21032

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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: 05/03/2026

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
Catino	Teodoro		0932

Residential Street Address	City	State	Zip Code
16 Range Rd	Wilton	CT	06897

Principal Occupation	Name of Employer
Architect	Catino and 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: 05/04/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Fritz	Pamela		0933

Residential Street Address	City	State	Zip Code
14 Old Rd Ste 346	Clinton	CT	06413

Principal Occupation	Name of Employer
Consultant to Ophthalmology and Optical Firms	Pamela Fritz

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

If yes, indicate which branch or branches 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: 05/04/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Lundgren	Jennnifer		0934

Residential Street Address	City	State	Zip Code
43 Five Fields Rd	Madison	CT	06443

Principal Occupation	Name of Employer
homemaker	Jennifer Lundgren

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

If yes, indicate which branch or branches 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: 05/04/2026

Aggregate Contributions: $35.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Betsy 2026

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Mietelski	Mark		0935

Residential Street Address	City	State	Zip Code
5 Silver Hill Dr	New Fairfield	CT	06812

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $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: 05/04/2026

Aggregate Contributions: $300.00

Last Name	First	MI	Contribution ID #
Baluha	Judith		0936

Residential Street Address	City	State	Zip Code
1 Doret Ct	Norwalk	CT	06851

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $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: 05/04/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Foster	John		0929

Residential Street Address	City	State	Zip Code
1909 W Crown Pointe Blvd	Naples	FL	34112

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $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: 05/05/2026

Aggregate Contributions: $340.00

Last Name	First	MI	Contribution ID #
Chang	David		0930

Residential Street Address	City	State	Zip Code
16 Kenilworth Ter	Greenwich	CT	06830

Principal Occupation	Name of Employer
Sales	Bank of America

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

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

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

Amount of Contribution: $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: 05/05/2026

Aggregate Contributions: $340.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Cowin	Allyson		0931

Residential Street Address	City	State	Zip Code
660 Lake Ave	Greenwich	CT	06830

Principal Occupation	Name of Employer
homemaker	Allyson Cowin

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

If yes, indicate which branch or branches 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: 05/05/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
ARMSTRONG	CELESTE		0925

Residential Street Address	City	State	Zip Code
47 Masthay Cir	Southington	CT	06489

Principal Occupation	Name of Employer
Nurse	MidState Medical Center

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

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

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

Amount of Contribution: $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: 05/06/2026

Aggregate Contributions: $120.00

Last Name	First	MI	Contribution ID #
Bulger	Joseph		0926

Residential Street Address	City	State	Zip Code
767 Meeker Ave	Brooklyn	NY	11222-4505

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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: 05/06/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Hartnett	Joanne		0927

Residential Street Address	City	State	Zip Code
152 Conklin Rd	Stafford Springs	CT	06076

Principal Occupation	Name of Employer
Benefits specialist	Eastern Connecticut Health Network

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

If yes, indicate which branch or branches 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: 05/06/2026

Aggregate Contributions: $150.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Doucette	Elizabeth		0928

Residential Street Address	City	State	Zip Code
150 Brittany Farms Rd Unit E	New Britain	CT	06053

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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: 05/06/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Spilo	Michael		0919

Residential Street Address	City	State	Zip Code
386 North St	Greenwich	CT	06830

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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: 05/07/2026

Aggregate Contributions: $340.00

Last Name	First	MI	Contribution ID #
Spilo	Zak		0920

Residential Street Address	City	State	Zip Code
10239 Shadow Branch Dr	Tampa	FL	33647

Principal Occupation	Name of Employer
retail	Buckle

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

If yes, indicate which branch or branches 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: 05/07/2026

Aggregate Contributions: $340.00

Last Name	First	MI	Contribution ID #
Spilo	Mita		0921

Residential Street Address	City	State	Zip Code
386 North St	Greenwich	CT	06830

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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: 05/07/2026

Aggregate Contributions: $340.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Francisco	Charles		0922

Residential Street Address	City	State	Zip Code
16J Lajeaide Dr	Ledyard	CT	06339

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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
05/07/2026	$100.00

Last Name	First	MI	Contribution ID #
Lauridsen	Gail		0923

Residential Street Address	City	State	Zip Code
44 Mimosa Dr	Cos Cob	CT	06807

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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
05/07/2026	$50.00

Last Name	First	MI	Contribution ID #
Marciniak	Barbara		0924

Residential Street Address	City	State	Zip Code
28 Stone St	Waterford	CT	06385

Principal Occupation	Name of Employer
Admin Assist	American Metal Crafters

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

If yes, indicate which branch or branches 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
05/07/2026	$25.00

Last Name	First	MI	Contribution ID #
Spilo	Kimi		0916

Residential Street Address	City	State	Zip Code
386 North St	Greenwich	CT	06830

Principal Occupation	Name of Employer
Student	Student

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

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

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

Amount of Contribution: $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	Aggregate Contributions
05/08/2026	$340.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Szynkowicz	Linda		0917

Residential Street Address	City	State	Zip Code
140 Knox Blvd	Middletown	CT	06457

Principal Occupation	Name of Employer
Founder/CEO	Fightvoterfraud.org

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

If yes, indicate which branch or branches 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
05/08/2026	$100.00

Last Name	First	MI	Contribution ID #
Mooney	Anson		0918

Residential Street Address	City	State	Zip Code
46 St Augustine	West Hartford	CT	06117

Principal Occupation	Name of Employer
Sales	johnson storage and moving - Denver

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

If yes, indicate which branch or branches 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
05/08/2026	$100.00

Last Name	First	MI	Contribution ID #
Chang	Erin		0913

Residential Street Address	City	State	Zip Code
16 Kenilworth Ter	Greenwich	CT	06830

Principal Occupation	Name of Employer
Attorney	Law Office of

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

If yes, indicate which branch or branches 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	Aggregate Contributions
05/10/2026	$340.00

Last Name	First	MI	Contribution ID #
Kondziela	James		0914

Residential Street Address	City	State	Zip Code
127 Greyrock Pl # 803	Stamford	CT	06901

Principal Occupation	Name of Employer
Founder & President	Clockworkstation 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: $240.00

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
05/10/2026	$340.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Soifer	Ami		0915

Residential Street Address	City	State	Zip Code
45 W Rock Trl	Stamford	CT	06902

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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: 05/10/2026

Aggregate Contributions: $340.00

Last Name	First	MI	Contribution ID #
Dooney	Peter		0912

Residential Street Address	City	State	Zip Code
528 Stanwich Rd	Greenwich	CT	06831

Principal Occupation	Name of Employer
Designer	D&B

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

If yes, indicate which branch or branches 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: 05/11/2026

Aggregate Contributions: $340.00

Last Name	First	MI	Contribution ID #
Gunningham	Lisa		0909

Residential Street Address	City	State	Zip Code
65 Upper Cross Rd	Greenwich	CT	06831

Principal Occupation	Name of Employer
Homemaker	Lisa Gunningham

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

If yes, indicate which branch or branches 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: 05/12/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Guadalupe	Amaris		0910

Residential Street Address	City	State	Zip Code
100 Bedford Rd	Greenwich	CT	06831

Principal Occupation	Name of Employer
Homemaker	Amaris Guadalupe

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

If yes, indicate which branch or branches 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: 05/12/2026

Aggregate Contributions: $340.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Horchner	Kim		0911

Residential Street Address	City	State	Zip Code
26 Maplewood Ln	Madison	CT	06443

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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: 05/12/2026

Aggregate Contributions: $150.00

Last Name	First	MI	Contribution ID #
Monahan	Dennis	G	0982

Residential Street Address	City	State	Zip Code
54 Sunhill Rd	Nesconset	NY	11767

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $85.00

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: 05/12/2026

Aggregate Contributions: $85.00

Last Name	First	MI	Contribution ID #
Wainwright	Andrew	R	0983

Residential Street Address	City	State	Zip Code
15 Ralsey Rd S	Stafford	CT	06902

Principal Occupation	Name of Employer
Sales	Expeditors Int.

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

If yes, indicate which branch or branches 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: 05/12/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Flaherty	Christine	M	0984

Residential Street Address	City	State	Zip Code
2 Arlington Ave Apt 34	Caldwell	NJ	07006

Principal Occupation	Name of Employer
Non-Profit Director	Lifenet 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: 05/12/2026

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Betsy 2026

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Kay	Paula	S	0985

Residential Street Address	City	State	Zip Code
87 Cypress Rd	Old Saybrook	CT	06475

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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: 05/12/2026

Aggregate Contributions: $40.00

Last Name	First	MI	Contribution ID #
Cook-Dietter	Lisa	A	0986

Residential Street Address	City	State	Zip Code
3 Highland Dr	Monroe	CT	06468

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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: 05/12/2026

Aggregate Contributions: $150.00

Last Name	First	MI	Contribution ID #
Peters	Michael	W	0987

Residential Street Address	City	State	Zip Code
102 Haller Blvd	Ithaca	NY	14850

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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: 05/12/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Austin	George	P	0988

Residential Street Address	City	State	Zip Code
520 South St	Suffield	CT	06078

Principal Occupation	Name of Employer
Contractor	JL Enterprises

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

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

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

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No

If yes, list Event #: 04182026A

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 05/12/2026

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Betsy 2026

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Austin	George	P	0989

Residential Street Address	City	State	Zip Code
521 South St	Suffield	CT	06079

Principal Occupation	Name of Employer
Campaign Director	George Austin Sr

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

If yes, indicate which 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 # 04182026A

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received	Aggregate Contributions	Amount of Contribution
05/12/2026	$100.00	$100.00

Last Name	First	MI	Contribution ID #
Duque	Luisa		0990

Residential Street Address	City	State	Zip Code
9 Sheridan St Unit B3	Norwalk	CT	06854

Principal Occupation	Name of Employer
Homemaker	Luisa Duque

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

If yes, indicate which 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
05/12/2026	$60.00	$60.00

Last Name	First	MI	Contribution ID #
Riddle	Jonathan		0991

Residential Street Address	City	State	Zip Code
9 Sheridan St Unit B3	Norwalk	CT	06854

Principal Occupation	Name of Employer
Consultant	Jonathan Riddle

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

If yes, indicate which 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
05/12/2026	$60.00	$60.00

Last Name	First	MI	Contribution ID #
Wellington	Abe		0904

Residential Street Address	City	State	Zip Code
18A White Oak Ln	Southampton	NY	11968

Principal Occupation	Name of Employer
CEO	Opal 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

Is this contribution associated with an 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
05/13/2026	$300.00	$300.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Betsy 2026

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Kelly	Maura		0905

Residential Street Address	City	State	Zip Code
6320 Ellwell Cres	Rego Park	NY	11374

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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: 05/13/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Dabkowski	Colleen		0906

Residential Street Address	City	State	Zip Code
3042 Shawnee Rd	Crossville	TN	38572

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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: 05/13/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Hofmiller	Robert		0907

Residential Street Address	City	State	Zip Code
225 Barnshed Ln	Guilford	CT	06437

Principal Occupation	Name of Employer
Business Agent for IATSE Local 74 Stagehand Union	IATSE Local 74 Stagehand Union - New Haven, 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: 05/13/2026

Aggregate Contributions: $125.00

Last Name	First	MI	Contribution ID #
Downey	Tracey		0908

Residential Street Address	City	State	Zip Code
52 Pakenmer Rd	Stamford	CT	06902

Principal Occupation	Name of Employer
Hairdresser	Tracey Downey

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

If yes, indicate which branch or branches 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: 05/13/2026

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Betsy 2026

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Fitzpatrick	Michael		0902

Residential Street Address	City	State	Zip Code
271 Georgetown Dr	Glastonbury	CT	06033

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $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: 05/14/2026

Aggregate Contributions: $340.00

Last Name	First	MI	Contribution ID #
Povinelli	Anna		0903

Residential Street Address	City	State	Zip Code
18 Edgewater Dr	Old Greenwich	CT	06870

Principal Occupation	Name of Employer
Consultant	Admiral Capital Management

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

If yes, indicate which branch or branches 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: 05/14/2026

Aggregate Contributions: $340.00

Last Name	First	MI	Contribution ID #
Philbin	Kara		0899

Residential Street Address	City	State	Zip Code
1 Topping Rd	Greenwich	CT	06831

Principal Occupation	Name of Employer
Homemaker	Kara Philbin

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

If yes, indicate which branch or branches 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 #
Stelma	Cynthia		0900

Residential Street Address	City	State	Zip Code
35 White St	Vernon	CT	06066

Principal Occupation	Name of Employer
Registered Nurse	UCONN Health Center

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

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

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

Amount of Contribution: $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): Betsy 2026

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Doucette	Elizabeth		0901

Residential Street Address	City	State	Zip Code
150 Brittany Farms Rd Unit E	New Britain	CT	06053

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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: 05/15/2026

Aggregate Contributions: $125.00

Last Name	First	MI	Contribution ID #
McCaughey	Elizabeth		0898

Residential Street Address	City	State	Zip Code
5 Partridge Hollow Rd	Greenwich	CT	06831

Principal Occupation	Name of Employer
Journalist	Committee to Reduce Infection Deaths

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

If yes, indicate which branch or branches 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: 05/22/2026

Aggregate Contributions: $6.00

Last Name	First	MI	Contribution ID #
Soifer	Amiram		0897

Residential Street Address	City	State	Zip Code
45 W Rock Trl	Stamford	CT	06902

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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: 05/27/2026

Aggregate Contributions: $340.00

Last Name	First	MI	Contribution ID #
Moran	Kathleen		0896

Residential Street Address	City	State	Zip Code
16 Tamarack Pl	Greenwich	CT	06831

Principal Occupation	Name of Employer
retired	retied

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

If yes, indicate which branch or branches 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: 05/28/2026

Aggregate Contributions: $15.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Phillips	Joanne		0968
Residential Street Address	**City**	**State**	**Zip Code**
220 Davis Ave .	Greenwich	CT	06830

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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: 06/18/2026

Aggregate Contributions: $50.00

Total of Section B	**$38,104.34**
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Total on Line 14, Column A of Summary Page)*	**$38,104.34**

I. MONETARY RECEIPTS (Section A-I)

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

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

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

I. Monetary Receipts (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Betsy 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
Betsy 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
Betsy 2026	July 10 Filing - Original

I. Miscellaneous Monetary Receipts not Considered Contributions

Name	Date of Transaction	Amount Received
Street Address / City / State / Zip Code		
Description		
Total of Section I		

II. EVENT ACTIVITY (Sections J1 - J4)

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

J1. Event Information

Event # / Date of Event	Letter	Description	Was this a fundraising event?
04/18/2026	A	Home Fundraiser	[X] Yes [ ] No

Location: Street Address	City	State	Zip Code
5 Partridge Hollow Rd	Greenwich	CT	06831

Was this event hosted at a personal residence?	[X] 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 [X] 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 [X] No	(If yes, enter Total Receipts here.) $0.00

Total of Section J1	$0.00

II.EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Betsy 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:	Description of Donation			Fair Market Value of Donation
Individual Business Entity Sole Proprietorship	Date Received	Event #	Aggregate value for this event	

Total of Section J3	

II.EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Betsy 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?
Betsy McCaughey	☐ Yes ☒ No — If yes, complete Itemization in Addendum J4

Street Address	City	State	Zip Code
5 Partridge Hollow Rd	Greenwich	CT	06831

Description of Donation			Fair Market Value of Donation
Food and Beverage			
Event #	Aggregate value of this Event - all hosts	Aggregate value of all Events - this host/candidate	
04182026A	$500.00	$500.00	$500.00

Total of Section J4	**$500.00**

III. NONMONETARY RECEIPTS (Sections K - L)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot	04/01/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1343 Poydras St Ste 1770	New Orleans	LA	70115

Purpose of Expendit	Description	Amount
BNK		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$192.02

Name of Payee	Date of Payment	Method of Payment
Arena LLC	04/01/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1261 Stringham Ave	Salt Lake City	UT	84107

Purpose of Expendit	Description	Amount
BNK		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$379.50

Name of Payee	Date of Payment	Method of Payment
CFS Compliance	04/01/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
PO Box 30844	Bethesda	MD	20824

Purpose of Expendit	Description	Amount
BNK		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$18.12

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Hanna Zholnerchyk	04/02/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
144 Rowayton Woods Dr	Norwalk	CT	06854

Purpose of Expendit	Description	Amount
WAGE		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [ ] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$1,433.25

Name of Payee	Date of Payment	Method of Payment
Minuteman Press	04/02/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
154 Prospect St	Greenwich	CT	06830

Purpose of Expendit	Description	Amount
PRNT		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [ ] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$510.26

Name of Payee	Date of Payment	Method of Payment
Minuteman Press	04/03/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
154 Prospect St	Greenwich	CT	06830

Purpose of Expendit	Description	Amount
PRNT		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [ ] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$43.37

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Greenwich Integrated Solutions	04/07/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
43 Clapboard Ridge Rd	Greenwich	CT	06830

Purpose of Expendit	Description	Amount
CNSLT		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$451.35

Name of Payee	Date of Payment	Method of Payment
John Demitrus	04/07/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
608 S Main St	West Hartford	CT	06110

Purpose of Expendit	Description	Amount
WAGE		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$562.50

Name of Payee	Date of Payment	Method of Payment
CFS Compliance	04/07/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
PO Box 30844	Bethesda	MD	20824

Purpose of Expendit	Description	Amount
CNSLT		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$2,500.00

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anastasia Yopp	04/07/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
138 8th St	Newington	CT	06111

Purpose of Expendit	Description	Amount
WAGE		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$38.29

Name of Payee	Date of Payment	Method of Payment
Anastasia Yopp	04/07/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
138 8th St	Newington	CT	06111

Purpose of Expendit	Description	Amount
WAGE		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$179.73

Name of Payee	Date of Payment	Method of Payment
Steven R. Mullins	04/07/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
22 Oak Rd	West Haven	CT	06516

Purpose of Expendit	Description	Amount
WAGE		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$600.00

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Harris Media	04/07/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
66 W Flagler St	Miami	FL	33130

Purpose of Expendit	Description	Amount
CNSLT		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$2,500.00

Name of Payee	Date of Payment	Method of Payment
Arena LLC	04/08/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1261 Stringham Ave	Salt Lake City	UT	84107

Purpose of Expendit	Description	Amount
BNK		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$72.50

Name of Payee	Date of Payment	Method of Payment
CFS Compliance	04/08/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
PO Box 30844	Bethesda	MD	20824

Purpose of Expendit	Description	Amount
BNK		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$3.89

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot	04/08/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1343 Poydras St Ste 1770	New Orleans	LA	70115

Purpose of Expendit	Description	Amount
BNK		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$40.20

Name of Payee	Date of Payment	Method of Payment
FedEx	04/10/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
464 Main Ave	Norwalk	CT	06854

Purpose of Expendit	Description	Amount
POST		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$91.99

Name of Payee	Date of Payment	Method of Payment
Sunoco	04/10/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
360 Main St	Armonk	NY	10504

Purpose of Expendit	Description	Amount
TRVL		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$56.90

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
BP	04/10/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
498 Boston Post Rd	Darien	CT	06820

Purpose of Expendit	Description	Amount
TRVL		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [ ] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$86.53

Name of Payee	Date of Payment	Method of Payment
Shell	04/10/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
870 Ny-35	Cross River	NY	10518

Purpose of Expendit	Description	Amount
TRVL		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [ ] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$92.64

Name of Payee	Date of Payment	Method of Payment
Sunoco	04/13/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
360 Main St	Armonk	NY	10504

Purpose of Expendit	Description	Amount
TRVL		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [ ] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$49.55

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot	04/14/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1343 Poydras St Ste 1770	New Orleans	LA	70115

Purpose of Expendit	Description	Amount
BNK		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$148.70

Name of Payee	Date of Payment	Method of Payment
CFS Compliance	04/14/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
PO Box 30844	Bethesda	MD	20824

Purpose of Expendit	Description	Amount
BNK		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$14.14

Name of Payee	Date of Payment	Method of Payment
Arena LLC	04/14/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1261 Stringham Ave	Salt Lake City	UT	84107

Purpose of Expendit	Description	Amount
BNK		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$307.50

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Minuteman Press	04/15/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
154 Prospect St	Greenwich	CT	06830

Purpose of Expendit	Description	Amount
PRNT		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$233.80

Name of Payee	Date of Payment	Method of Payment
Verizon	04/15/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
89 Greenwich Ave	Greenwich	CT	06830

Purpose of Expendit	Description	Amount
OVHD		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$281.44

Name of Payee	Date of Payment	Method of Payment
Minuteman Press	04/16/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
154 Prospect St	Greenwich	CT	06830

Purpose of Expendit	Description	Amount
PRNT		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$38.29

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Shell - Greenwich CT	04/16/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
142 Railroad Ave	Greenwich	CT	06830

Purpose of Expendit	Description	Amount
TRVL		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$92.57

Name of Payee	Date of Payment	Method of Payment
Steven R. Mullins	04/17/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
22 Oak Rd	West Haven	CT	06516

Purpose of Expendit	Description	Amount
WAGE		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$653.75

Name of Payee	Date of Payment	Method of Payment
Hanna Zholnerchyk	04/17/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
144 Rowayton Woods Dr	Norwalk	CT	06854

Purpose of Expendit	Description	Amount
WAGE		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$1,449.58

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Gina Riccio	04/17/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
5 Partridge Hollow Rd	Greenwich	CT	06831

Purpose of Expendit	Description	Amount
WAGE		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [ ] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$905.00

Name of Payee	Date of Payment	Method of Payment
American System Group	04/17/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
10010 Lawyers Rd	Vienna	VA	22181

Purpose of Expendit	Description	Amount
CNSLT		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [ ] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$1,000.00

Name of Payee	Date of Payment	Method of Payment
USPS	04/21/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
2 Belden Ave	Norwalk	CT	06850

Purpose of Expendit	Description	Amount
POST		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [ ] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$234.00

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Peerly.com	04/21/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
303 Williams Ave SW	Huntsville	AL	35801

Purpose of Expendit	Description	Amount
A-ATM		$108.26

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

Name of Payee	Date of Payment	Method of Payment
Peerly.com	04/21/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
303 Williams Ave SW	Huntsville	AL	35801

Purpose of Expendit	Description	Amount
A-ATM		$617.57

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

Name of Payee	Date of Payment	Method of Payment
Webster Bank	04/21/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
137 Bank St	Waterbury	CT	06702

Purpose of Expendit	Description	Amount
BNK		$109.61

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

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
CFS Compliance	04/22/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
PO Box 30844	Bethesda	MD	20824

Purpose of Expendit	Description	Amount
BNK		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [ ] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$36.42

Name of Payee	Date of Payment	Method of Payment
Arena LLC	04/22/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
1261 Stringham Ave	Salt Lake City	UT	84107

Purpose of Expendit	Description	Amount
BNK		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [ ] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$241.50

Name of Payee	Date of Payment	Method of Payment
Anedot	04/22/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
1343 Poydras St Ste 1770	New Orleans	LA	70115

Purpose of Expendit	Description	Amount
BNK		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [ ] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$345.01

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anastasia Yopp	04/23/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
138 8th St	Newington	CT	06111

Purpose of Expendit	Description	Amount
WAGE		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [ ] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$2,400.00

Name of Payee	Date of Payment	Method of Payment
John J Bailey	04/23/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
36 Tanglewood Dr	Norwich	CT	06360

Purpose of Expendit	Description	Amount
REF	Contribution Refund	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$35.00

Name of Payee	Date of Payment	Method of Payment
Minuteman Press	04/24/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
154 Prospect St	Greenwich	CT	06830

Purpose of Expendit	Description	Amount
PRNT		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [ ] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$282.67

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot	04/27/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1343 Poydras St Ste 1770	New Orleans	LA	70115

Purpose of Expendit	Description	Amount
BNK		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$300.36

Name of Payee	Date of Payment	Method of Payment
CFS Compliance	04/27/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
PO Box 30844	Bethesda	MD	20824

Purpose of Expendit	Description	Amount
BNK		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$34.99

Name of Payee	Date of Payment	Method of Payment
Arena LLC	04/27/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1261 Stringham Ave	Salt Lake City	UT	84107

Purpose of Expendit	Description	Amount
BNK		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$74.50

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Peerly.com	04/27/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
303 Williams Ave SW	Huntsville	AL	35801

Purpose of Expendit	Description	Amount
A-ATM		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [ ] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$206.20

Name of Payee	Date of Payment	Method of Payment
Bill.com	04/27/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
6221 America Center Dr Ste 100	San Jose	CA	95003

Purpose of Expendit	Description	Amount
OVHD		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [ ] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$26.16

Name of Payee	Date of Payment	Method of Payment
Fiducia in Universum, LLC	04/28/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
9 Sheridan St	Norwalk	CT	06854

Purpose of Expendit	Description	Amount
CNSLT		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [ ] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$2,000.00

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Greenwich Integrated Solutions	04/28/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
43 Clapboard Ridge Rd	Greenwich	CT	06830

Purpose of Expendit	Description	Amount
CNSLT		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$750.00

Name of Payee	Date of Payment	Method of Payment
Arena LLC	04/29/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1261 Stringham Ave	Salt Lake City	UT	84107

Purpose of Expendit	Description	Amount
BNK		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$5.00

Name of Payee	Date of Payment	Method of Payment
CFS Compliance	04/29/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
PO Box 30844	Bethesda	MD	20824

Purpose of Expendit	Description	Amount
BNK		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$7.09

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
CFS Compliance	04/29/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
PO Box 30844	Bethesda	MD	20824

Purpose of Expendit	Description	Amount
BNK		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$14.36

Name of Payee	Date of Payment	Method of Payment
Anedot	04/29/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1343 Poydras St Ste 1770	New Orleans	LA	70115

Purpose of Expendit	Description	Amount
BNK		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$61.06

Name of Payee	Date of Payment	Method of Payment
Anedot	04/29/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1343 Poydras St Ste 1770	New Orleans	LA	70115

Purpose of Expendit	Description	Amount
BNK		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$119.94

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Demers Exposition Services	04/29/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
151 Park Ave	East Hartford	CT	06108

Purpose of Expendit	Description	Amount
A-OTH		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$10,000.00

Name of Payee	Date of Payment	Method of Payment
CFS Compliance	04/30/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
PO Box 30844	Bethesda	MD	20824

Purpose of Expendit	Description	Amount
CNSLT		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$2,500.00

Name of Payee	Date of Payment	Method of Payment
Anedot	05/01/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1343 Poydras St Ste 1770	New Orleans	LA	70115

Purpose of Expendit	Description	Amount
BNK		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$53.00

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Steven R. Mullins	05/01/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
22 Oak Rd	West Haven	CT	06516

Purpose of Expendit	Description	Amount
WAGE		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$247.00

Name of Payee	Date of Payment	Method of Payment
CFS Compliance	05/01/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
PO Box 30844	Bethesda	MD	20824

Purpose of Expendit	Description	Amount
BNK		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$6.15

Name of Payee	Date of Payment	Method of Payment
Vistaprint	05/01/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
275 Wyman St	Waltham	MA	02451

Purpose of Expendit	Description	Amount
PRNT		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$315.83

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Arena LLC	05/01/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1261 Stringham Ave	Salt Lake City	UT	84107

Purpose of Expendit	Description	Amount
BNK		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$2.50

Name of Payee	Date of Payment	Method of Payment
Anedot	05/04/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1343 Poydras St Ste 1770	New Orleans	LA	70115

Purpose of Expendit	Description	Amount
BNK		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$58.60

Name of Payee	Date of Payment	Method of Payment
CFS Compliance	05/04/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
PO Box 30844	Bethesda	MD	20824

Purpose of Expendit	Description	Amount
BNK		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$6.82

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Greenwich Integrated Solutions	05/05/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
43 Clapboard Ridge Rd	Greenwich	CT	06830

Purpose of Expendit	Description	Amount
CNSLT		$250.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Greenwich Integrated Solutions	05/05/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
43 Clapboard Ridge Rd	Greenwich	CT	06830

Purpose of Expendit	Description	Amount
CNSLT		$250.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Minuteman Press	05/06/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
154 Prospect St	Greenwich	CT	06830

Purpose of Expendit	Description	Amount
PRNT		$282.67

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Will Berger	05/06/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
2459 N Wakefield Ct	Arlington	VA	22207

Purpose of Expendit	Description	Amount
WAGE		$250.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Anedot	05/06/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1343 Poydras St Ste 1770	New Orleans	LA	70115

Purpose of Expendit	Description	Amount
BNK		$54.80

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
CFS Compliance	05/06/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
PO Box 30844	Bethesda	MD	20824

Purpose of Expendit	Description	Amount
BNK		$6.41

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Hanna Zholnerchyk	05/06/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
144 Rowayton Woods Dr	Norwalk	CT	06854

Purpose of Expendit	Description	Amount
WAGE		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$358.75

Name of Payee	Date of Payment	Method of Payment
CFS Compliance	05/07/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
PO Box 30844	Bethesda	MD	20824

Purpose of Expendit	Description	Amount
BNK		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$9.27

Name of Payee	Date of Payment	Method of Payment
Anedot	05/07/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1343 Poydras St Ste 1770	New Orleans	LA	70115

Purpose of Expendit	Description	Amount
BNK		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$81.20

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Vistaprint	05/08/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
275 Wyman St	Waltham	MA	02451

Purpose of Expendit	Description	Amount
PRNT		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [ ] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$249.90

Name of Payee	Date of Payment	Method of Payment
Vistaprint	05/08/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
275 Wyman St	Waltham	MA	02451

Purpose of Expendit	Description	Amount
PRNT		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [ ] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$358.82

Name of Payee	Date of Payment	Method of Payment
Britton Ross	05/11/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
1507 Little John Cir	Wilmington	NC	28401

Purpose of Expendit	Description	Amount
WAGE		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [ ] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$5,000.00

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot	05/11/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1343 Poydras St Ste 1770	New Orleans	LA	70115

Purpose of Expendit	Description	Amount
BNK		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$44.10

Name of Payee	Date of Payment	Method of Payment
WinRed	05/11/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1776 Wilson Blvd Ste 530	Arlington	VA	22209

Purpose of Expendit	Description	Amount
BNK		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$1.97

Name of Payee	Date of Payment	Method of Payment
WinRed	05/11/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1776 Wilson Blvd Ste 530	Arlington	VA	22209

Purpose of Expendit	Description	Amount
BNK		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$0.28

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
CFS Compliance	05/11/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
PO Box 30844	Bethesda	MD	20824

Purpose of Expendit	Description	Amount
BNK		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$5.25

Name of Payee	Date of Payment	Method of Payment
Anedot	05/12/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1343 Poydras St Ste 1770	New Orleans	LA	70115

Purpose of Expendit	Description	Amount
BNK		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$70.10

Name of Payee	Date of Payment	Method of Payment
CFS Compliance	05/12/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
PO Box 30844	Bethesda	MD	20824

Purpose of Expendit	Description	Amount
BNK		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$8.43

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
CFS Compliance	05/13/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
PO Box 30844	Bethesda	MD	20824

Purpose of Expendit	Description	Amount
BNK		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$3.40

Name of Payee	Date of Payment	Method of Payment
Arena LLC	05/13/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1261 Stringham Ave	Salt Lake City	UT	84107

Purpose of Expendit	Description	Amount
BNK		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$120.00

Name of Payee	Date of Payment	Method of Payment
Anedot	05/13/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1343 Poydras St Ste 1770	New Orleans	LA	70115

Purpose of Expendit	Description	Amount
BNK		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$37.70

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Britton Ross	05/13/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
1507 Little John Cir	Wilmington	NC	28401

Purpose of Expendit	Description	Amount
WAGE		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [ ] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$1,000.00

Name of Payee	Date of Payment	Method of Payment
Greenwich Integrated Solutions	05/14/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
43 Clapboard Ridge Rd	Greenwich	CT	06830

Purpose of Expendit	Description	Amount
CNSLT		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [ ] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$250.00

Name of Payee	Date of Payment	Method of Payment
CFS Compliance	05/14/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
PO Box 30844	Bethesda	MD	20824

Purpose of Expendit	Description	Amount
BNK		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [ ] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$3.90

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Hanna Zholnerchyk	05/14/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
144 Rowayton Woods Dr	Norwalk	CT	06854

Purpose of Expendit	Description	Amount
WAGE		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$358.75

Name of Payee	Date of Payment	Method of Payment
Will Berger	05/14/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
2459 N Wakefield Ct	Arlington	VA	22207

Purpose of Expendit	Description	Amount
WAGE		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$250.00

Name of Payee	Date of Payment	Method of Payment
Anedot	05/14/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1343 Poydras St Ste 1770	New Orleans	LA	70115

Purpose of Expendit	Description	Amount
BNK		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$32.40

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Verizon	05/15/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
89 Greenwich Ave	Greenwich	CT	06830

Purpose of Expendit	Description	Amount
OVHD		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$14.36

Name of Payee	Date of Payment	Method of Payment
Greenwich Integrated Solutions	05/15/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
43 Clapboard Ridge Rd	Greenwich	CT	06830

Purpose of Expendit	Description	Amount
CNSLT		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$100.00

Name of Payee	Date of Payment	Method of Payment
Anedot	05/18/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1343 Poydras St Ste 1770	New Orleans	LA	70115

Purpose of Expendit	Description	Amount
BNK		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$48.30

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
CFS Compliance	05/18/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
PO Box 30844	Bethesda	MD	20824

Purpose of Expendit	Description	Amount
BNK		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$5.78

Name of Payee	Date of Payment	Method of Payment
Will Berger	05/19/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
2459 N Wakefield Ct	Arlington	VA	22207

Purpose of Expendit	Description	Amount
WAGE		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$250.00

Name of Payee	Date of Payment	Method of Payment
Greenwich Integrated Solutions	05/19/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
43 Clapboard Ridge Rd	Greenwich	CT	06830

Purpose of Expendit	Description	Amount
CNSLT		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$100.00

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
CFS Compliance	05/19/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
PO Box 30844	Bethesda	MD	20824

Purpose of Expendit	Description	Amount
BNK		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$2.21

Name of Payee	Date of Payment	Method of Payment
Exxon - Norwalk CT	05/19/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
206 Main St	Norwalk	CT	06851

Purpose of Expendit	Description	Amount
TRVL		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$82.25

Name of Payee	Date of Payment	Method of Payment
Hanna Zholnerchyk	05/19/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
144 Rowayton Woods Dr	Norwalk	CT	06854

Purpose of Expendit	Description	Amount
WAGE		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$358.75

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot	05/19/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1343 Poydras St Ste 1770	New Orleans	LA	70115

Purpose of Expendit	Description	Amount
BNK		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$18.50

Name of Payee	Date of Payment	Method of Payment
Greenwich Integrated Solutions	05/19/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
43 Clapboard Ridge Rd	Greenwich	CT	06830

Purpose of Expendit	Description	Amount
CNSLT		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$250.00

Name of Payee	Date of Payment	Method of Payment
Webster Bank	05/21/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
137 Bank St	Waterbury	CT	06702

Purpose of Expendit	Description	Amount
BNK		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$101.33

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot	05/27/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1343 Poydras St Ste 1770	New Orleans	LA	70115

Purpose of Expendit	Description	Amount
BNK		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$0.50

Name of Payee	Date of Payment	Method of Payment
Bill.com	05/27/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
6221 America Center Dr Ste 100	San Jose	CA	95003

Purpose of Expendit	Description	Amount
OVHD		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$28.54

Name of Payee	Date of Payment	Method of Payment
CFS Compliance	05/27/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
PO Box 30844	Bethesda	MD	20824

Purpose of Expendit	Description	Amount
BNK		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$0.03

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Hanna Zholnerchyk	05/28/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
144 Rowayton Woods Dr	Norwalk	CT	06854

Purpose of Expendit	Description	Amount
WAGE		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$358.75

Name of Payee	Date of Payment	Method of Payment
Greenwich Integrated Solutions	05/29/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
43 Clapboard Ridge Rd	Greenwich	CT	06830

Purpose of Expendit	Description	Amount
CNSLT		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$100.00

Name of Payee	Date of Payment	Method of Payment
Will Berger	05/29/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
2459 N Wakefield Ct	Arlington	VA	22207

Purpose of Expendit	Description	Amount
WAGE		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$250.00

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Greenwich Integrated Solutions	05/29/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
43 Clapboard Ridge Rd	Greenwich	CT	06830

Purpose of Expendit	Description	Amount
CNSLT		$250.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
CFS Compliance	06/01/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
PO Box 30844	Bethesda	MD	20824

Purpose of Expendit	Description	Amount
BNK		$1.70

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Arena LLC	06/01/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1261 Stringham Ave	Salt Lake City	UT	84107

Purpose of Expendit	Description	Amount
BNK		$2.50

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot	06/01/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1343 Poydras St Ste 1770	New Orleans	LA	70115

Purpose of Expendit	Description	Amount
BNK		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$14.40

Name of Payee	Date of Payment	Method of Payment
Greenwich Integrated Solutions	06/04/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
43 Clapboard Ridge Rd	Greenwich	CT	06830

Purpose of Expendit	Description	Amount
CNSLT		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$90.00

Name of Payee	Date of Payment	Method of Payment
Greenwich Integrated Solutions	06/04/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
43 Clapboard Ridge Rd	Greenwich	CT	06831

Purpose of Expendit	Description	Amount
CNSLT		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$160.00

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Greenwich Integrated Solutions	06/04/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
43 Clapboard Ridge Rd	Greenwich	CT	06832

Purpose of Expendit	Description	Amount
CNSLT		$100.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Will Berger	06/04/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
2459 N Wakefield Ct	Arlington	VA	22207

Purpose of Expendit	Description	Amount
WAGE		$250.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Greenwich Integrated Solutions	06/09/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
43 Clapboard Ridge Rd	Greenwich	CT	06832

Purpose of Expendit	Description	Amount
CNSLT		$250.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Greenwich Integrated Solutions	06/09/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
43 Clapboard Ridge Rd	Greenwich	CT	06833

Purpose of Expendit	Description	Amount
CNSLT		$100.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Will Berger	06/09/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
2459 N Wakefield Ct	Arlington	VA	22207

Purpose of Expendit	Description	Amount
WAGE		$250.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Verizon	06/15/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
89 Greenwich Ave	Greenwich	CT	06830

Purpose of Expendit	Description	Amount
OVHD		$214.62

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Webster Bank	06/22/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
137 Bank St	Waterbury	CT	06702

Purpose of Expendit	Description	Amount
BNK		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$88.74

Name of Payee	Date of Payment	Method of Payment
Anedot	06/23/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1343 Poydras St Ste 1770	New Orleans	LA	70115

Purpose of Expendit	Description	Amount
BNK		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$2.30

Name of Payee	Date of Payment	Method of Payment
CFS Compliance	06/23/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
PO Box 30844	Bethesda	MD	20824

Purpose of Expendit	Description	Amount
BNK		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$0.25

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Bill.com	06/25/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
6221 America Center Dr Ste 100	San Jose	CA	95003

Purpose of Expendit	Description	Amount
OVHD		

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [ ] No If yes, assign an Expenditure # and complete Itemization in Addendum N	Expenditure # (if applicable)	Event #	
			$24.37

Total of Section N	**$49,433.24**

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Betsy 2026	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?	Amount
The Union League Club	04/01/2026	☐ Yes ☒ No	$5,680.00

Street Address	City	State	Zip Code
38 E 37th St	Brooklyn	NY	11203

Purpose of Expenditure (by code)	Description	Event #
FNDR *	Cocktail Fundraiser Event	03042026A

Name of Payee (Name of vendor who candidate paid directly)	Date of Payment	Is Reimbursement Claimed?	Amount
Fiducia in Universum, LLC	06/01/2026	☐ Yes ☒ No	$40,000.00

Street Address	City	State	Zip Code
9 Sheridan St	Norwalk	CT	06854

Purpose of Expenditure (by code)	Description	Event #
CNSLT		

Name of Payee (Name of vendor who candidate paid directly)	Date of Payment	Is Reimbursement Claimed?	Amount
Will Berger	06/23/2026	☐ Yes ☒ No	$12,000.00

Street Address	City	State	Zip Code
2459 N Wakefield Ct	Arlington	VA	22207

Purpose of Expenditure (by code)	Description	Event #
WAGE		

Name of Payee (Name of vendor who candidate paid directly)	Date of Payment	Is Reimbursement Claimed?	Amount
ArenaWins	06/23/2026	☐ Yes ☒ No	$1,000.00

Street Address	City	State	Zip Code
1260 E Stringham Ave Ste 400	Salt Lake City	UT	84106

Purpose of Expenditure (by code)	Description	Event #
A-ATM		

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Betsy 2026	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?
Harris Media	06/23/2026	☐ Yes ☒ No

Street Address	City	State	Zip Code	Amount
66 W Flagler St	Miami	FL	33130	

Purpose of Expenditure (by code)	Description	Event #	Amount
A-OTH			$5,000.00

Name of Payee (Name of vendor who candidate paid directly)	Date of Payment	Is Reimbursement Claimed?
Greenwich Integrated Solutions	06/24/2026	☐ Yes ☒ No

Street Address	City	State	Zip Code	Amount
43 Clapboard Ridge Rd	Greenwich	CT	06830	

Purpose of Expenditure (by code)	Description	Event #	Amount
CNSLT			$9,887.74

Total of Section O	$73,567.74

IV. EXPENDITURES (Sections N - S)

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

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

Name of Creditor			Date Incurred	
CFS Compliance			05/04/2026	
Street Address		**City**	**State**	**Zip Code**
PO Box 30844		Bethesda	MD	20824
Purpose of Expenditure (by code)	**Description**		**Amount Incurred (Estimate or Actual)**	
CNSLT				
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No		**Expenditure # (if applicable)**	**Event #**	
If yes, assign an Expenditure # and completes Itemization in Addendum Q				$2,500.00

Name of Creditor			Date Incurred	
CFS Compliance			06/08/2026	
Street Address		**City**	**State**	**Zip Code**
PO Box 30844		Bethesda	MD	20824
Purpose of Expenditure (by code)	**Description**		**Amount Incurred (Estimate or Actual)**	
CNSLT				
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No		**Expenditure # (if applicable)**	**Event #**	
If yes, assign an Expenditure # and completes Itemization in Addendum Q				$2,500.00

IV. EXPENDITURES (Sections N - S)

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

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

Name of Creditor			Date Incurred
Anastasia Yopp			06/24/2026
Street Address	**City**	**State**	**Zip Code**
138 8th St	Newington	CT	06111

Purpose of Expenditure (by code)	Description	Amount Incurred (Estimate or Actual)
WAGE	Balance is disputed by campaign as of 6/30/2026	$4,000.00

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

Name of Creditor			Date Incurred
Push Digital			06/30/2026
Street Address	**City**	**State**	**Zip Code**
342 E Bay St	Charleston	SC	29401

Purpose of Expenditure (by code)	Description	Amount Incurred (Estimate or Actual)
A-WEB		$2,500.00

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

Total of Section Q	**$11,500.00**

IV. EXPENDITURES (Sections N - S)

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