

SEEC FORM 30

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



Electronic Filing

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Page 1 of 44

COVER PAGE

1. NAME OF COMMITTEE				2. TYPE OF COMMITTEE	
Delnicki for South Windsor				☒ Candidate Committee ☐ Exploratory Committee	
3. TREASURER NAME					
First Benjamin		MI	Last Borecki		Suffix
4. TREASURER ADDRESS					
Street Address 47 Capen St		City Windsor		State CT	Zip Code 06095
5. ELECTION DATE 11/03/2026		6. OFFICE SOUGHT (Complete only if Candidate Committee) State Representative			7. DISTRICT NUMBER (if applicable) R014
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First Tom		MI	Last Delnicki		Suffix
9. TYPE OF REPORT July 10 Filing - Original					
10. PERIOD COVERED					
Beginning Date Ending Date 04/01/2026 thru 06/30/2026					
11. CERTIFICATION					
☒ I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.					
Electronic Filing SIGNATURE		Benjamin Borecki PRINT NAME OF THE SIGNER		07/08/2026 10:42:02PM 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	
Delnicki for South Windsor	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	\$0.00	
14. Contributions received from Individuals (Section A and B)	\$5,745.00	\$5,745.00
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
16. Other Monetary Receipts (Section D through I)	\$0.02	\$0.02
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)	\$5,745.02	\$5,745.02
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$5,745.02	\$5,745.02
20. Expenses Paid by Committee (Section N)	\$20.00	\$20.00
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns)	\$5,725.02	\$5,725.02
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$0.00
23. In-Kind Donations not Considered Contributions - House Party (Section J4)	\$0.00	\$0.00
24. In-Kind Contributions Received (Section K)	\$0.00	\$0.00
25. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00
26. Beginning Loan Balance	\$0.00	
26a. + Loans Received (Section D)	\$0.00	\$0.00
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
26c. - Payments on Loan(s)	\$0.00	\$0.00
26d. Total Outstanding Loan Amount	\$0.00	
27. Campaign Expenses Paid By Candidate (Section O)	\$0.00	\$0.00
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$0.00	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$0.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Delnicki for South Windsor		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 Borecki		First Benjamin		MI	Contribution ID # 0001
Residential Street Address 47 Capen St		City Windsor		State CT	Zip Code 06095
Principal Occupation Policy		Name of Employer State of CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/15/2026	Aggregate Contributions \$40.00	\$40.00

Last Name Butts		First Cynthia		MI	Contribution ID # 0114
Residential Street Address 17 Brittlewood Rd		City South Windsor		State CT	Zip Code 06074
Principal Occupation Association Executive		Name of Employer Connecticut Assn of Realtors			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/16/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Dooley		First John		MI	Contribution ID # 0113
Residential Street Address 29 Overlook Rd		City South Windsor		State CT	Zip Code 06074
Principal Occupation Communications		Name of Employer State of Connecticut			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/16/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Delnicki for South Windsor	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Dexter		First Stephanie		MI	Contribution ID # 0115
Residential Street Address 15 Larkspur Ln		City South Windsor		State CT	Zip Code 06074
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/18/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Dexter		First Bruce		MI	Contribution ID # 0116
Residential Street Address 15 Larkspur Ln		City South Windsor		State CT	Zip Code 06074
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/18/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Maltby		First Leslie		MI A	Contribution ID # 0056
Residential Street Address 63 Trumbull Ln		City South Windsor		State CT	Zip Code 06074
Principal Occupation		Name of Employer housewife			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/22/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Trachtenberg		First Jeffrey		MI A	Contribution ID # 0055
Residential Street Address 111 Oxford Dr		City South Windsor		State CT	Zip Code 06074
Principal Occupation Sales Rep		Name of Employer Henry Schein			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/22/2026	Aggregate Contributions \$20.00	\$20.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Delnicki for South Windsor	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Trachtenberg		First Heather		MI 	Contribution ID # 0034
Residential Street Address 111 Oxford Dr		City South Windsor		State CT	Zip Code 06074
Principal Occupation RDH		Name of Employer Tushin Shah			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/25/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Delnicki		First Audrey		MI J	Contribution ID # 0031
Residential Street Address 130 Felt Rd		City South Windsor		State CT	Zip Code 06074
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/26/2026	Aggregate Contributions \$300.00	\$300.00

Last Name Marsh		First Alan		MI W	Contribution ID # 0077
Residential Street Address 404 Rye		City South Windsor		State CT	Zip Code 06074
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/01/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Chiappetta		First Katherine		MI G	Contribution ID # 0021
Residential Street Address 15 Bayberry Trl		City South Windsor		State CT	Zip Code 06074
Principal Occupation exec search consultant		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/02/2026	Aggregate Contributions \$125.00	\$125.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Delnicki for South Windsor	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Chappetta		First Lous		MI M	Contribution ID # 0020
Residential Street Address 15 Bayberry Trl		City South Windsor		State CT	Zip Code 06074
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/02/2026	Aggregate Contributions \$125.00	\$125.00

Last Name Zucker		First Spin		MI CT	Contribution ID # 0117
Residential Street Address 221 Margret Dr # 5		City South Windsor		State CT	Zip Code 06074
Principal Occupation Manager		Name of Employer CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/03/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Seymour		First David		MI CT	Contribution ID # 0118
Residential Street Address 36 Arnott St		City Manchester		State CT	Zip Code 06040
Principal Occupation Owner		Name of Employer 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	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/04/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Byrne		First James		MI J	Contribution ID # 0036
Residential Street Address 3 Berry Patch		City South Windsor		State CT	Zip Code 06074
Principal Occupation n/a		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/04/2026	Aggregate Contributions \$20.00	\$20.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Delnicki for South Windsor	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Bickford		First Gretchen		MI E	Contribution ID # 0032
Residential Street Address 53 Clinton Dr		City South Windsor		State CT	Zip Code 06074
Principal Occupation		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/08/2026	Aggregate Contributions \$300.00	Amount of Contribution \$300.00
If yes, list Event #					

Last Name Hildebrand		First Roger		MI C	Contribution ID # 0047
Residential Street Address 57 Berry Patch		City South Windsor		State CT	Zip Code 06074
Principal Occupation retired		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/08/2026	Aggregate Contributions \$20.00	Amount of Contribution \$20.00
If yes, list Event #					

Last Name Gaversa		First Charles		MI H	Contribution ID # 0046
Residential Street Address 356 Oakland Rd		City South Windsor		State CT	Zip Code 06074
Principal Occupation		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/08/2026	Aggregate Contributions \$50.00	Amount of Contribution \$50.00
If yes, list Event #					

Last Name Jones		First Christopher		MI L	Contribution ID # 0087
Residential Street Address 50 Bayberry Trl		City South Windsor		State CT	Zip Code 06074
Principal Occupation		Name of Employer Iaceners LLC			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/08/2026	Aggregate Contributions \$5.00	Amount of Contribution \$5.00
If yes, list Event #					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Delnicki for South Windsor	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Yurek		First John		MI 	Contribution ID # 0086
Residential Street Address 5 Bayberry Trl		City South Windsor		State CT	Zip Code 06074
Principal Occupation		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/08/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Yurek		First Frances		MI G	Contribution ID # 0085
Residential Street Address 5 Bayberry Trl		City South Windsor		State CT	Zip Code 06074
Principal Occupation		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/08/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Althoff		First William		MI G	Contribution ID # 0044
Residential Street Address 105 Scott Dr		City South Windsor		State CT	Zip Code 06074
Principal Occupation Driver		Name of Employer Hartford Distributors Inc			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/09/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Lacy		First Laura		MI G	Contribution ID # 0043
Residential Street Address 25 Sharon Dr		City South Windsor		State CT	Zip Code 06074
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/09/2026	Aggregate Contributions \$20.00	\$20.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Delnicki for South Windsor	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Gorborino		First John		MI L	Contribution ID # 0042
Residential Street Address 5 Woodside Dr		City South Windsor		State CT	Zip Code 06074
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/09/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Hollis		First Renee		MI G	Contribution ID # 0041
Residential Street Address 25 Sharoh Dr		City South Windsor		State CT	Zip Code 06074
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/09/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Dziedzic		First Robert		MI D	Contribution ID # 0050
Residential Street Address 271 Avery		City South Windsor		State CT	Zip Code 06074
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/10/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Graham		First Jamie		MI	Contribution ID # 0049
Residential Street Address 315 Demming St		City South Windsor		State CT	Zip Code 06074
Principal Occupation		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/10/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Delnicki for South Windsor	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Poinelli		First Richard		MI J	Contribution ID # 0048
Residential Street Address 1304 Ellington Rd		City South Windsor		State CT	Zip Code 06074
Principal Occupation Fresh H2O sample Collector		Name of Employer MDC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/10/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Davis		First Annamae		MI 	Contribution ID # 0054
Residential Street Address 9 Ridge Rd		City South Windsor		State CT	Zip Code 06074
Principal Occupation retired Secty		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/10/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Riccardi		First Christina		MI M	Contribution ID # 0053
Residential Street Address 271 Avery St		City South Windsor		State CT	Zip Code 06074
Principal Occupation		Name of Employer Self Employed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/10/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Anastasio		First James		MI D	Contribution ID # 0052
Residential Street Address 121 Berry Patch		City South Windsor		State CT	Zip Code 06074
Principal Occupation		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/10/2026	Aggregate Contributions \$20.00	\$20.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Delnicki for South Windsor	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Rivera		First Manuel		MI C	Contribution ID # 0051
Residential Street Address 480 Oakland Rd		City South Windsor		State CT	Zip Code 06074
Principal Occupation		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/10/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Roberts		First Kimberly		MI A	Contribution ID # 0067
Residential Street Address 80 Valley View Dr		City South Windsor		State CT	Zip Code 06074
Principal Occupation Associate		Name of Employer Home Depot Manchester			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/10/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Morelli		First Valerie		MI J	Contribution ID # 0066
Residential Street Address 320 Brookfield St		City South Windsor		State CT	Zip Code 06074
Principal Occupation		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/10/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Havens		First Edward		MI F	Contribution ID # 0026
Residential Street Address 76 Trumbull Ln		City South Windsor		State CT	Zip Code 06074
Principal Occupation retired		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/11/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Delnicki for South Windsor	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Althoff		First Michelle		MI L	Contribution ID # 0045
Residential Street Address 105 Scott Dr		City South Windsor		State CT	Zip Code 06074
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/12/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Gaudette		First Debra		MI M	Contribution ID # 0089
Residential Street Address 50 Bayberry Trl		City South Windsor		State CT	Zip Code 06074
Principal Occupation retired		Name of Employer n/a			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/12/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Jones		First Lonlynn		MI G	Contribution ID # 0088
Residential Street Address 50 Bayberry Trl		City South Windsor		State CT	Zip Code 06074
Principal Occupation homemaker		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/12/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Jones		First Dakota		MI L	Contribution ID # 0076
Residential Street Address 50 Berry Trl		City South Windsor		State CT	Zip Code 06074
Principal Occupation Student		Name of Employer N/A			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/12/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Delnicki for South Windsor	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Etter		First Mary		MI J	Contribution ID # 0002
Residential Street Address 36 Austin Cir		City South Windsor		State CT	Zip Code 06074
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/13/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Glasser		First Leonard		MI B	Contribution ID # 0025
Residential Street Address 154 Graham Rd		City South Windsor		State CT	Zip Code 06074
Principal Occupation		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/15/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Downs		First William		MI	Contribution ID # 0024
Residential Street Address 55 Woodside Dr		City South Windsor		State CT	Zip Code 06074
Principal Occupation retired		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/15/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Martino		First Robynnee		MI S	Contribution ID # 0023
Residential Street Address 40 Woodside Drive		City South Windsor		State CT	Zip Code 06074
Principal Occupation Flight Attendant		Name of Employer Breeze Airways			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/15/2026	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Delnicki for South Windsor	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name DiCiancia		First Mark		MI L	Contribution ID # 0022
Residential Street Address 39 Debbie Dr		City South Windsor		State CT	Zip Code 06074
Principal Occupation Building Inspector		Name of Employer Town of East Hartford			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/15/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Etter		First Joseph		MI CT	Contribution ID # 0027
Residential Street Address 36 Austin Cir		City South Windsor		State CT	Zip Code 06074
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/15/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Hobbs		First David		MI E	Contribution ID # 0015
Residential Street Address 20 Bayberry Ln		City South Windsor		State CT	Zip Code 06074
Principal Occupation		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/16/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Grimaldi		First George		MI CT	Contribution ID # 0040
Residential Street Address 20 Woodside Dr		City South Windsor		State CT	Zip Code 06074
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/17/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Delnicki for South Windsor	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Grimaldi		First Sandy		MI	Contribution ID # 0039
Residential Street Address 20 Woodside Dr		City South Windsor		State CT	Zip Code 06074
Principal Occupation		Name of Employer 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	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/17/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Dubiel		First Janet		MI H	Contribution ID # 0038
Residential Street Address 608 Governors Hwy		City South Windsor		State CT	Zip Code 06074
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/17/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Kashita		First David		MI A	Contribution ID # 0037
Residential Street Address 1289 Main St		City South Windsor		State CT	Zip Code 06074
Principal Occupation Owner		Name of Employer Kasheta Power Equip			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/17/2026	Aggregate Contributions \$20.00	\$20.00

Last Name DeRosa		First Joseph		MI	Contribution ID # 0028
Residential Street Address 140 Birch Hill Dr		City South Windsor		State CT	Zip Code 06074
Principal Occupation		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/17/2026	Aggregate Contributions \$300.00	\$300.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Delnicki for South Windsor	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Kelley		First Scott		MI R	Contribution ID # 0035
Residential Street Address 845 Main St		City South Windsor		State CT	Zip Code 06074
Principal Occupation General Constuction		Name of Employer Kelley Homes LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/17/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Normen		First Roy		MI C	Contribution ID # 0033
Residential Street Address 12 Hunter Dr		City South Windsor		State CT	Zip Code 06074
Principal Occupation		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/17/2026	Aggregate Contributions \$300.00	\$300.00

Last Name Merker		First Bob		MI	Contribution ID # 0084
Residential Street Address 619 Graham Rd		City South Windsor		State CT	Zip Code 06074
Principal Occupation Kitchen		Name of Employer Stop & Shop			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/17/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Gionfriddo		First Ross		MI	Contribution ID # 0119
Residential Street Address 122 Pine Knob Dr		City South Windsor		State CT	Zip Code 06074
Principal Occupation Government Affairs		Name of Employer Electric Boat			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/17/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Delnicki for South Windsor	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Zumpano		First Emily		MI C	Contribution ID # 0090
Residential Street Address 25 Tumblebrook Dr		City South Windsor		State CT	Zip Code 06074
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/18/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Tonnesen		First Margret		MI E	Contribution ID # 0017
Residential Street Address 674 Ellington Rd		City South Windsor		State CT	Zip Code 06074
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/18/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Tonnesen		First Olaf		MI J	Contribution ID # 0016
Residential Street Address 674 Ellington Rd		City South Windsor		State CT	Zip Code 06074
Principal Occupation n/a		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/18/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Cordeiro		First Steven		MI	Contribution ID # 0009
Residential Street Address 9 Birch Hill Dr		City South Windsor		State CT	Zip Code 06074
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/20/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Delnicki for South Windsor	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Stelmach		First Genia		MI N	Contribution ID # 0008
Residential Street Address 460 Felt Rd		City South Windsor		State CT	Zip Code 06074
Principal Occupation Claims Adjustor		Name of Employer Met Life			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/20/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Stelmach		First Igor		MI N	Contribution ID # 0007
Residential Street Address 460 Felt Rd		City South Windsor		State CT	Zip Code 06074
Principal Occupation		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/20/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Mannarino		First Robert		MI	Contribution ID # 0030
Residential Street Address 585 Clark St		City South Windsor		State CT	Zip Code 06074
Principal Occupation Builder		Name of Employer Mannarino Builders Inc			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/22/2026	Aggregate Contributions \$300.00	\$300.00

Last Name Mannarino		First Todd		MI	Contribution ID # 0029
Residential Street Address 6 Plover Ln		City Mystic		State CT	Zip Code 06355
Principal Occupation General Contractor		Name of Employer MBI			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/22/2026	Aggregate Contributions \$300.00	\$300.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Delnicki for South Windsor	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Morelli		First Thomas		MI J	Contribution ID # 0065
Residential Street Address 320 Brookfield St		City South Windsor		State CT	Zip Code 06074
Principal Occupation		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/22/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Marinnaro		First Aiden		MI F	Contribution ID # 0064
Residential Street Address 98 Park St		City Manchester		State CT	Zip Code 06040
Principal Occupation General Contractor		Name of Employer Mannarino Builders & Restoration LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/22/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Deming		First Diane		MI P	Contribution ID # 0063
Residential Street Address 48 Watson Farm		City South Windsor		State CT	Zip Code 06074
Principal Occupation retired		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/22/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Cross		First Sara		MI N	Contribution ID # 0062
Residential Street Address 70 Oakland Rd		City South Windsor		State CT	Zip Code 06074
Principal Occupation		Name of Employer Unemployed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/22/2026	Aggregate Contributions \$10.00	\$10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Delnicki for South Windsor	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Hill		First Erick		MI M	Contribution ID # 0083
Residential Street Address 36 Mtn View Rd		City South Windsor		State CT	Zip Code 06074
Principal Occupation		Name of Employer Yale New Haven Hospital			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/22/2026	Aggregate Contributions \$20.00	\$20.00

Last Name McDonald		First Bonnie		MI D	Contribution ID # 0082
Residential Street Address 878 Strong Rd		City South Windsor		State CT	Zip Code 06074
Principal Occupation School Counselor		Name of Employer Cheshire Public Schools			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/22/2026	Aggregate Contributions \$10.00	\$10.00

Last Name McDonald		First Matthew		MI S	Contribution ID # 0081
Residential Street Address 878 Strong Rd		City South Windsor		State CT	Zip Code 06074
Principal Occupation Building Official		Name of Employer Town of Suffield			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/22/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Mozzicato		First Paul		MI R	Contribution ID # 0080
Residential Street Address 40 Quarry Brook Rd		City South Windsor		State CT	Zip Code 06074
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/22/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Delnicki for South Windsor	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Mannarino		First Miles		MI J	Contribution ID # 0079
Residential Street Address 1325 Sullivan Ave		City South Windsor		State CT	Zip Code 06074
Principal Occupation Self Employed		Name of Employer Miles Joseph Studio			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/22/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Marsh		First Susan		MI CT	Contribution ID # 0078
Residential Street Address 404 Rye St		City South Windsor		State CT	Zip Code 06074
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/22/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Cross		First Mark		MI CT	Contribution ID # 0075
Residential Street Address 70 Oakland Rd		City South Windsor		State CT	Zip Code 06074
Principal Occupation Commercial Op Manager		Name of Employer Sullivan Tire			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/22/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Pirrce		First Jeffrey		MI D	Contribution ID # 0074
Residential Street Address 37 Steep Rd		City South Windsor		State CT	Zip Code 06074
Principal Occupation Electrician		Name of Employer Sonitol 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	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/22/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Delnicki for South Windsor	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Ocasio		First Carol		MI M	Contribution ID # 0073
Residential Street Address 197 Brook St		City South Windsor		State CT	Zip Code 06074
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/22/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Ocasio		First Manny		MI A	Contribution ID # 0072
Residential Street Address 197 Brook St		City South Windsor		State CT	Zip Code 06074
Principal Occupation		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/22/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Ruggiero		First Georgianna		MI	Contribution ID # 0071
Residential Street Address 30 Overlok Rd		City South Windsor		State CT	Zip Code 06074
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/22/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Ruggiero Jr.		First Anthony		MI P	Contribution ID # 0070
Residential Street Address 30 Overlook Rd		City South Windsor		State CT	Zip Code 06074
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/22/2026	Aggregate Contributions \$20.00	\$20.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Delnicki for South Windsor	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Ruggiero		First Lenore		MI M	Contribution ID # 0069
Residential Street Address 30 Overlook Rd		City South Windsor		State CT	Zip Code 06074
Principal Occupation unemployed		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/22/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Kerce		First Jessica		MI J	Contribution ID # 0068
Residential Street Address 496 Oakland Rd		City South Windsor		State CT	Zip Code 06074
Principal Occupation		Name of Employer on disability			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/22/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Oates		First William		MI D	Contribution ID # 0058
Residential Street Address 175 Oakland Rd Unit 504		City South Windsor		State CT	Zip Code 06074
Principal Occupation		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/23/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Burdzy		First Matthew		MI P	Contribution ID # 0057
Residential Street Address 63 Trumbull Ln		City South Windsor		State CT	Zip Code 06074
Principal Occupation Business Director		Name of Employer UBE Urethane USA LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/23/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Delnicki for South Windsor	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Pitruzzello		First Kathryn		MI K	Contribution ID # 0014
Residential Street Address 179 Trumbull Ln		City South Windsor		State CT	Zip Code 06074
Principal Occupation Real Estate		Name of Employer RSK-Kellco Inc			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/23/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Kelley		First Carol		MI S	Contribution ID # 0013
Residential Street Address 49 Rosemary Ln		City South Windsor		State CT	Zip Code 06074
Principal Occupation Owner		Name of Employer RSK-Kellco Inc			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/23/2026	Aggregate Contributions \$150.00	\$150.00

Last Name Brennan		First Robert		MI L	Contribution ID # 0012
Residential Street Address 110 Niederwerfer Rd		City South Windsor		State CT	Zip Code 06074
Principal Occupation		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/23/2026	Aggregate Contributions \$200.00	\$200.00

Last Name Laguardia		First Louis		MI W	Contribution ID # 0019
Residential Street Address 35 Woodside Dr		City South Windsor		State CT	Zip Code 06074
Principal Occupation		Name of Employer LaGuardia Landscape LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/24/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Delnicki for South Windsor	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Brennan		First Jolene		MI R	Contribution ID # 0018
Residential Street Address 110 Niederwerfer Rd		City South Windsor		State CT	Zip Code 06074
Principal Occupation		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/24/2026	Aggregate Contributions \$200.00	\$200.00

Last Name Forghetti		First Pamela		MI 	Contribution ID # 0120
Residential Street Address 57 Hillside Dr		City South Windsor		State CT	Zip Code 06074
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/24/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Barbor		First Barbra		MI E	Contribution ID # 0061
Residential Street Address 7 Wildlife Trl		City South Windsor		State CT	Zip Code 06074
Principal Occupation Retired		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/25/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Barbour		First Ray		MI 	Contribution ID # 0060
Residential Street Address 30 Oakland Rd		City South Windsor		State CT	Zip Code 06074
Principal Occupation Pre Press Operator		Name of Employer Data Mail			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/25/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Delnicki for South Windsor	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Oates		First Rhonda		MI D	Contribution ID # 0059
Residential Street Address 175 Oakland Rd Unit 509		City South Windsor		State CT	Zip Code 06074
Principal Occupation		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/25/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Carey		First Carolyn		MI C	Contribution ID # 0010
Residential Street Address 215 Abbe Rd		City South Windsor		State CT	Zip Code 06074
Principal Occupation		Name of Employer n/a-retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/25/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Cordeiro		First Matthew		MI	Contribution ID # 0097
Residential Street Address 9 Birch Hill Dr		City South Windsor		State CT	Zip Code 06074
Principal Occupation Student		Name of Employer Student			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/25/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Cordeiro		First Elizabeth		MI	Contribution ID # 0096
Residential Street Address 9 Birch Hill Dr		City South Windsor		State CT	Zip Code 06074
Principal Occupation Nurse		Name of Employer Windsor Public Schools			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/25/2026	Aggregate Contributions \$10.00	\$10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Delnicki for South Windsor	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Cordeiro		First Mark		MI	Contribution ID # 0095
Residential Street Address 9 Birch Hill Dr		City South Windsor		State CT	Zip Code 06074
Principal Occupation Student		Name of Employer Student			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/25/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Cordeiro		First Madalen		MI	Contribution ID # 0094
Residential Street Address 9 Birch Hill Dr		City South Windsor		State CT	Zip Code 06074
Principal Occupation student		Name of Employer student			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/25/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Powell		First Renee		MI M	Contribution ID # 0093
Residential Street Address 23 Woodland Dr		City South Windsor		State CT	Zip Code 06074
Principal Occupation Medical Technologist		Name of Employer 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	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/25/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Koenig		First Mark		MI J	Contribution ID # 0092
Residential Street Address 9 Collins Xing		City South Windsor		State CT	Zip Code 06074
Principal Occupation Cashier		Name of Employer Stop & Shop			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/25/2026	Aggregate Contributions \$10.00	\$10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Delnicki for South Windsor	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Seyapura		First Daniel		MI W	Contribution ID # 0091
Residential Street Address 37 Carson Way		City South Windsor		State CT	Zip Code 06074
Principal Occupation Sales		Name of Employer General Mills			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/25/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Jarvis		First Sandy		MI 	Contribution ID # 0110
Residential Street Address 160 Chapel Rd		City South Windsor		State CT	Zip Code 06074
Principal Occupation Healthcare		Name of Employer 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	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/26/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Donston		First Robert		MI A	Contribution ID # 0105
Residential Street Address 33 Normon Dr		City South Windsor		State CT	Zip Code 06074
Principal Occupation Realtor		Name of Employer ERA Blanchard Rossetto			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/26/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Kamm		First David		MI J	Contribution ID # 0104
Residential Street Address 496 Oakland Rd		City South Windsor		State CT	Zip Code 06074
Principal Occupation n/a		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/26/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Delnicki for South Windsor	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Byrne		First James		MI J	Contribution ID # 0011
Residential Street Address 3 Berry Patch		City South Windsor		State CT	Zip Code 06074
Principal Occupation n/a		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/26/2026	Aggregate Contributions \$45.00	\$25.00

Last Name Gooding		First Christine		MI R	Contribution ID # 0005
Residential Street Address 359 Avery St		City South Windsor		State CT	Zip Code 06074
Principal Occupation Retired		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/27/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Gooding		First Brian		MI T	Contribution ID # 0004
Residential Street Address 359 Avery St		City South Windsor		State CT	Zip Code 06074
Principal Occupation Retired		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/27/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Cordeiro		First Ilda		MI	Contribution ID # 0112
Residential Street Address 160 Chapel Rd		City South Windsor		State CT	Zip Code 06074
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$10.00	\$10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Delnicki for South Windsor	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Kamm		First Eva		MI V	Contribution ID # 0103
Residential Street Address 496 Oakland Rd		City South Windsor		State CT	Zip Code 06074
Principal Occupation student		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Botteron		First Patricia		MI A	Contribution ID # 0102
Residential Street Address 34 Victor Ln		City South Windsor		State CT	Zip Code 06074
Principal Occupation		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Botteron		First Eugene		MI	Contribution ID # 0101
Residential Street Address 34 Victor Ln		City South Windsor		State CT	Zip Code 06074
Principal Occupation n/a		Name of Employer n/a Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Katzbek		First Kyle		MI	Contribution ID # 0100
Residential Street Address 150 Felt Rd		City South Windsor		State CT	Zip Code 06074
Principal Occupation student		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Delnicki for South Windsor	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Katzbek		First Tracy		MI	Contribution ID # 0099
Residential Street Address 150 Felt Rd		City South Windsor		State CT	Zip Code 06074
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Katzbek		First Dan		MI	Contribution ID # 0098
Residential Street Address 150 Felt Rd		City South Windsor		State CT	Zip Code 06074
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Jarvis		First Mark		MI F	Contribution ID # 0111
Residential Street Address 160 Chapel Rd		City South Windsor		State CT	Zip Code 06074
Principal Occupation Mgr		Name of Employer SCA Pharmucutical			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Wertihoren		First Carl		MI J	Contribution ID # 0106
Residential Street Address 68 Oakwood Dr		City South Windsor		State CT	Zip Code 06074
Principal Occupation		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$10.00	\$10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Delnicki for South Windsor	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Roback		First Rchard		MI P	Contribution ID # 0109
Residential Street Address 116 Concord Rd		City South Windsor		State CT	Zip Code 06074
Principal Occupation		Name of Employer between jobs			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Roback		First Richard		MI J	Contribution ID # 0108
Residential Street Address 115 Concord Rd		City South Windsor		State CT	Zip Code 06074
Principal Occupation		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Roback		First Rose		MI E	Contribution ID # 0107
Residential Street Address 116 Concord Rd		City South Windsor		State CT	Zip Code 06074
Principal Occupation		Name of Employer Homemaker			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Davis		First Craig		MI J	Contribution ID # 0006
Residential Street Address 65 Dower Rd		City South Windsor		State CT	Zip Code 06074
Principal Occupation Electrician		Name of Employer EST			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$75.00	\$75.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Delnicki for South Windsor	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Davis		First Linda		MI H	Contribution ID # 0003
Residential Street Address 65 Dower Rd		City South Windsor		State CT	Zip Code 06074
Principal Occupation retired			Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$25.00
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #		Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/30/2026	
				Aggregate Contributions \$25.00	

Total of Section B		\$5,745.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Total on Line 14, Column A of Summary Page)		\$5,745.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Delnicki for South Windsor	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		Amount of Contribution
If yes, list Event #					
City	State	Zip Code	Date Received	Aggregate Contributions	

Total of Section C1	
----------------------------	--

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Delnicki for South Windsor				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	
Delnicki for South Windsor				July 10 Filing - Original	
D. Loans Received this Period					
Name of Lender		Source of Loan:			Date of Receipt
		Bank	Candidate	Individual	Other
Street Address		City	State	Zip Code	Is there a cosigner or Guarantor of this loan?
					Yes No
Name of Cosigner/Guarantor (if applicable)					Amount Received
Street Address		City	Stat	Zip Code	
Total of Section D					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Delnicki for South Windsor	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
Delnicki for South Windsor	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
Delnicki for South Windsor	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	
Delnicki for South Windsor				July 10 Filing - Original	
I. Miscellaneous Monetary Receipts not Considered Contributions					
Name CEF			Date of Transaction 06/24/2026		Amount Received \$0.02
Street Address 55 Farmington Ave		City Hartford	State CT	Zip Code	
Description Penny Test Transaction					
Total of Section I					\$0.02

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Delnicki for South Windsor				July 10 Filing - Original	
J1. Event Information					
Event # Date of Event	Letter	Description			Was this a fundraising event? Yes No
Location: Street Address			City	State	Zip Code
Was this event hosted at a personal residence?		Yes	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.		
		No			
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		Yes	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.		
		No			
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	(If yes, enter Total Receipts here.)		
		No			
Total of Section J1					

II.EVENT ACTIVITY (Sections J1 - J4)

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

TYPE OF REPORT

Delnicki for South Windsor

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

Delnicki for South Windsor

July 10 Filing - Original

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

Name of Host

Is this event supporting more than one candidate?

Yes

No

If yes, complete Itemization in
Addendum J4

Street Address

City

State

Zip Code

Description of Donation

Fair Market Value of
Donation

Event #

Aggregate value of this Event - all hosts

Aggregate value of all Events - this host/candidate

Total of Section J4

III. NONMONETARY RECEIPTS (Sections K - L)

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

TYPE OF REPORT

Delnicki for South Windsor

July 10 Filing - Original

K. In-Kind Contributions

Name

Street Address

City

State

Zip Code

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

Yes

No

Description of In-Kind Contribution

If yes, list Event#

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

Yes

No

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

Yes

No

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

Executive

Legislative

Fair Market Value of this Contribution

Type of Contributor:

Individual

Committee

Sole Proprietorship

Date Received

Aggregate contributions

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

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

TYPE OF REPORT

Delnicki for South Windsor

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
Delnicki for South Windsor	July 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee Liberty Bank		Date of Payment 05/29/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 245 Long Hill Rd		City Middletown	State CT	Zip Code
Purpose of Expendit BNK	Description statement fee			Amount \$2.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot		Date of Payment 06/30/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St # 1770		City Baton Rouge	State LA	Zip Code
Purpose of Expendit BNK	Description Anedot Fees			Amount \$18.00
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 #	

Total of Section N**\$20.00**

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					TYPE OF REPORT	
					July 10 Filing - Original	
O. Expenses Paid By Candidate						
Name of Payee (Name of vendor who candidate paid directly)				Date of Payment		Is Reimbursement Claimed? Yes No
Street Address			City		State	Zip Code
Purpose of Expenditure (by code)	Description			Event #		Amount
Total of Section O						

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					TYPE OF REPORT	
Delnicki for South Windsor					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	
Delnicki for South Windsor				July 10 Filing - Original	
Q. Expenses Incurred By Committee but Not Paid During this Period					
Name of Creditor				Date Incurred	
Street Address			City	State	Zip Code
Purpose of Expenditure (by code)	Description				Amount Incurred (Estimate or Actual)
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No If yes, assign an Expenditure # and completes Itemization in Addendum Q				Expenditure # (if applicable)	
Total of Section Q					

IV. EXPENDITURES (Sections N - S)

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

TYPE OF REPORT

Delnicki for South Windsor

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

Expenditure #
(if applicable)

Event #

Amount

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

Total of Section R**IV. EXPENDITURES (Sectuibs N - S)**

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

TYPE OF REPORT

Delnicki for South Windsor

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