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

Electronic Filing

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COVER PAGE

1.NAME OF COMMITTEE	2. TYPE OF COMMITTEE
DEANE 2026	[x] Candidate Committee [ ] Exploratory Committee

3. TREASURER NAME

First	MI	Last	Suffix
Angela		**Driver**	

4. TREASURER ADDRESS

Street Address	City	State	Zip Code
183 Winslow Dr	**West Haven**	**CT**	**06516**

5. ELECTION DATE	6. OFFICE SOUGHT *(Complete only if Candidate Committee)*	7. DISTRICT NUMBER *(if applicable)*
11/03/2026	**State Senator**	**S012**

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

First	MI	Last	Suffix
lisa		**Deane**	

9. TYPE OF REPORT

July 10 Filing - Original

10. PERIOD COVERED

Beginning Date		Ending Date
04/17/2026	thru	**06/30/2026**

11. CERTIFICATION

[x] I hereby certify and state, under penalties of false statement, that all of the information set forth on this **Itemized Campaign Finance Disclosure Statement** for the period covered is true, accurate and complete.

Electronic Filing	**Angela Driver**	**07/07/2026 9:23:09AM**
SIGNATURE	PRINT NAME OF THE SIGNER	DATE CERTIFIED

A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty of up to $25,000, unless a fine of a larger amount is otherwise provided for as a maximum fine in the Connecticut General Statutes.

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

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT	
DEANE 2026	July 10 Filing - Original	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		**$0.00**
13. Balance on hand at the beginning of Reporting Period	**$0.00**	
14. Contributions received from Individuals (Section A and B)	**$8,585.00**	**$8,585.00**
15. Receipts from Other Committees (Sections C1 and C2)	**$0.00**	**$0.00**
16. Other Monetary Receipts (Section D through I)	**$0.03**	**$0.03**
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)	**$8,585.03**	**$8,585.03**
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	**$8,585.03**	**$8,585.03**
20. Expenses Paid by Committee (Section N)	**$739.20**	**$739.20**
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns)	**$7,845.83**	**$7,845.83**
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)	**$132.94**	**$132.94**
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
DEANE 2026	July 10 Filing - Original

A. Total Contributions from Small Contributors-Received this Period ONLY — For Nonparticipating Candidates ONLY: **$0.00**

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Driver	Angela		0001

Residential Street Address	City	State	Zip Code
183 Winslow Dr	West Haven	CT	06516

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received: 05/03/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Higgins	Angie		0002

Residential Street Address	City	State	Zip Code
17 Stratton Way	Branford	CT	06405

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 05/09/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Rapini	Dominic		0003

Residential Street Address	City	State	Zip Code
4 Mariners Way	Branford	CT	06405

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #

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

Date Received: 05/12/2026

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Favre	Connor		0006

Residential Street Address	City	State	Zip Code
5 Canady Ln	Madison	CT	06443

Principal Occupation	Name of Employer
Policy Analyst	State of Connecticut

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #

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

Date Received: 05/14/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Boughton	Ed		0005

Residential Street Address	City	State	Zip Code
205 Branford Rd	North Branford	CT	06471

Principal Occupation	Name of Employer
Mechanic	E.J. Boughton Co LLC

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 05/14/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Golicz	Julie		0004

Residential Street Address	City	State	Zip Code
15 Hart Ave	Branford	CT	06405

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 05/14/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Henneberry	Jay		0008

Residential Street Address	City	State	Zip Code
31 Maplewood Ln	Madison	CT	06443

Principal Occupation	Name of Employer
Sales	Go Joe

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received: 05/16/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Mastoloni	Andrea		0007

Residential Street Address	City	State	Zip Code
36 Concord Dr	Madison	CT	06443

Principal Occupation	Name of Employer
Sales	Teva

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received: 05/16/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Connelly	Francis		0019

Residential Street Address	City	State	Zip Code
32 Cherry Ln	Madison	CT	06443

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 05/17/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Connelly	Mary Ann		0018

Residential Street Address	City	State	Zip Code
32 Cherry Ln	Madison	CT	06443

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 05/17/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Nicolini	Janet		0017

Residential Street Address	City	State	Zip Code
8 Madison Ave	Madison	CT	06443

Principal Occupation	Name of Employer
Senior Director Marketing	LogicSource

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 05/17/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Postovoit	Jane		0016

Residential Street Address	City	State	Zip Code
598 Old Toll Rd	Madison	CT	06443

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received	Aggregate Contributions
05/17/2026	$25.00

Last Name	First	MI	Contribution ID #
Postovoit	Nick		0015

Residential Street Address	City	State	Zip Code
598 Old Toll Rd	Madison	CT	06443

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #:

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

Date Received	Aggregate Contributions
05/17/2026	$50.00

Last Name	First	MI	Contribution ID #
Weinstein	Scott		0014

Residential Street Address	City	State	Zip Code
10 Prospect St	Madison	CT	06443

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received	Aggregate Contributions
05/17/2026	$5.00

Last Name	First	MI	Contribution ID #
White	Mark		0013

Residential Street Address	City	State	Zip Code
14 Grouse Ln	Madison	CT	06443

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $10.00

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

If yes, list Event #:

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

Date Received	Aggregate Contributions
05/17/2026	$10.00

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
White	Claudia		0012

Residential Street Address	City	State	Zip Code
16 Grouse Ln	Madison	CT	06443

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $15.00

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

If yes, list Event #

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

Date Received: 05/17/2026

Aggregate Contributions: $15.00

Last Name	First	MI	Contribution ID #
Fortin	Michel		0011

Residential Street Address	City	State	Zip Code
4 Longview Ter	Madison	CT	06443

Principal Occupation	Name of Employer
Consultant Pharmacist	OctariusRX

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #

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

Date Received: 05/17/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Rooney	Jim		0010

Residential Street Address	City	State	Zip Code
110 Bradley Rd # 204	Madison	CT	06443

Principal Occupation	Name of Employer
Executive	Cantina Hospitality

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received: 05/17/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Rooney	Jennifer		0009

Residential Street Address	City	State	Zip Code
110 Bradley Rd # 204	Madison	CT	06443

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received: 05/17/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Ingraham	Ray		0023

Residential Street Address	City	State	Zip Code
34 Indian Neck Ave	Branford	CT	06405

Principal Occupation	Name of Employer
Infrastructure Engineering Manager	Evernorth

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #

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

Date Received: 05/17/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Crowe	Dennis		0022

Residential Street Address	City	State	Zip Code
141 Twilight Dr	Madison	CT	06443

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 05/17/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Crowe	Louise		0021

Residential Street Address	City	State	Zip Code
141 Twilight Dr	Madison	CT	06443

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received: 05/17/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Rasimas	John		0020

Residential Street Address	City	State	Zip Code
4 Governors Way	Madison	CT	06443

Principal Occupation	Name of Employer
Adjunct Prof	UConn

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #

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

Date Received: 05/17/2026

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Twohill	Frank		0024

Residential Street Address	City	State	Zip Code
22 Pne Orchard Rd	Branford	CT	06405

Principal Occupation	Name of Employer
Attorney	Frank Twohill Law Office

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 05/17/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Lundgren	Jennifer		0025

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

Principal Occupation	Name of Employer
Housewife	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: $10.00

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

If yes, list Event #:

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

Date Received: 05/17/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Lundgren	David		0026

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

Principal Occupation	Name of Employer
Sales	PharmaEssentia

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

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

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

Amount of Contribution: $10.00

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

If yes, list Event #:

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

Date Received: 05/17/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
O'Connell	Lori		0027

Residential Street Address	City	State	Zip Code
506 Boston Post Rd	Madison	CT	06443

Principal Occupation	Name of Employer
VP Global Real Estate	Datadog

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

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

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

Amount of Contribution: $75.00

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

If yes, list Event #:

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

Date Received: 05/17/2026

Aggregate Contributions: $75.00

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Vyce	Diane		0028

Residential Street Address	City	State	Zip Code
154 Race Hill Rd	Madison	CT	06443

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #:

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

Date Received: 05/17/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Slawson-Fortin	Amy		0029

Residential Street Address	City	State	Zip Code
4 Longview Ter	Madison	CT	06443

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #:

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

Date Received: 05/17/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Stefanowski	Amy		0030

Residential Street Address	City	State	Zip Code
1046 Boston Post Rd	Madison	CT	06443

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $340.00

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

If yes, list Event #:

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

Date Received: 05/18/2026

Aggregate Contributions: $340.00

Last Name	First	MI	Contribution ID #
Cambo	Paul		0031

Residential Street Address	City	State	Zip Code
47 Sprinfield St	Wilbraham	MA	01095

Principal Occupation	Name of Employer
Sales	PJ

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #:

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

Date Received: 05/18/2026

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Cawley	Galen		0032

Residential Street Address	City	State	Zip Code
403 Bartlett Dr	Madison	CT	06443

Principal Occupation	Name of Employer
Trader/Tutor	Galen Cawley

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

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

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

Amount of Contribution: $340.00

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

If yes, list Event #

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

Date Received	Aggregate Contributions
05/18/2026	$340.00

Last Name	First	MI	Contribution ID #
Gordon	Matthew		0033

Residential Street Address	City	State	Zip Code
34 Lenore Dr	Madison	CT	06443

Principal Occupation	Name of Employer
Executive	Yale New Haven Hospital

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received	Aggregate Contributions
05/18/2026	$25.00

Last Name	First	MI	Contribution ID #
Gordon	Jennifer		0034

Residential Street Address	City	State	Zip Code
34 Lenore Dr	Madison	CT	06443

Principal Occupation	Name of Employer
Consultant	Halcyon Business Associates

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received	Aggregate Contributions
05/18/2026	$25.00

Last Name	First	MI	Contribution ID #
Clark	Ronald		0035

Residential Street Address	City	State	Zip Code
6 Evarts Ln	Madison	CT	06443

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #

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

Date Received	Aggregate Contributions
05/18/2026	$50.00

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Woods	Dani		0037

Residential Street Address	City	State	Zip Code
113 Middle Beach Rd	Madison	CT	06443

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received: 05/18/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Woods	Bill		0036

Residential Street Address	City	State	Zip Code
113 Middle Beach Rd	Madison	CT	06443

Principal Occupation	Name of Employer
Accountant	Woods & 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: $5.00

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

If yes, list Event #

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

Date Received: 05/18/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Crisci	Paul		0041

Residential Street Address	City	State	Zip Code
65 Sunset Beach Rd	Branford	CT	06405

Principal Occupation	Name of Employer
Marketer	ParkGroup Solutions

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

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

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

Amount of Contribution: $340.00

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

If yes, list Event #

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

Date Received: 05/19/2026

Aggregate Contributions: $340.00

Last Name	First	MI	Contribution ID #
Downes	Michael		0040

Residential Street Address	City	State	Zip Code
32 Farmington Dr	Northford	CT	06472

Principal Occupation	Name of Employer
Chief of Staff - Senate Republicans	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: $100.00

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

If yes, list Event #

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

Date Received: 05/19/2026

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Orris	Patricia		0039

Residential Street Address	City	State	Zip Code
104 Sandlewood Dr	Madison	CT	06443

Principal Occupation	Name of Employer
Bookkeeping	Patricia Deborah Orris

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #

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

Date Received: 05/19/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Deane	Peter		0038

Residential Street Address	City	State	Zip Code
22 Franks Way	Madison	CT	06443

Principal Occupation	Name of Employer
Executive	Dichello Distributors

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #

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

Date Received: 05/19/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Romano	Mary		0045

Residential Street Address	City	State	Zip Code
105 Riverview Ave	Branford	CT	06405

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $340.00

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

If yes, list Event #

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

Date Received: 05/20/2026

Aggregate Contributions: $340.00

Last Name	First	MI	Contribution ID #
Mastoloni	Andrea		0044

Residential Street Address	City	State	Zip Code
36 Concord Dr	Madison	CT	06443

Principal Occupation	Name of Employer
Sales	Teva

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #

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

Date Received: 05/20/2026

Aggregate Contributions: $55.00

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Chimento	Christopher		0043

Residential Street Address	City	State	Zip Code
714 Green Hill Rd	Madison	CT	06443

Principal Occupation	Name of Employer
Door Saleman	Christopher Chimento

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 05/20/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Siegel	Miriam		0042

Residential Street Address	City	State	Zip Code
47 Springfield St	Wilbraham	MA	01095

Principal Occupation	Name of Employer
Human Resources	Country Bank

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #:

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

Date Received: 05/20/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Brown	Karen		0046

Residential Street Address	City	State	Zip Code
5 Ellis Rd	East Haven	CT	06512

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $10.00

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

If yes, list Event #:

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

Date Received: 05/20/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Brown	Stephen		0047

Residential Street Address	City	State	Zip Code
5 Ellis Rd	East Haven	CT	06512

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $10.00

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

If yes, list Event #:

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

Date Received: 05/20/2026

Aggregate Contributions: $10.00

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
LaMotte	Jake		0048

Residential Street Address	City	State	Zip Code
713 Sea St	Quincy	MA	02169

Principal Occupation	Name of Employer
Buyer	American Holt Corporation

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 05/20/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Roxbrough	Van		0049

Residential Street Address	City	State	Zip Code
91 Woodsvale Rd	Madison	CT	06443

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 05/21/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Golicz	John		0050

Residential Street Address	City	State	Zip Code
15 Hart Ave	Branford	CT	06405

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 05/21/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Thomas	Pete		0051

Residential Street Address	City	State	Zip Code
145 Devonshire Ln	Madison	CT	06443

Principal Occupation	Name of Employer
Consultant	Self Employed - Peter Thomas

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 05/21/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
DeLoreto	Kathleen		0052

Residential Street Address	City	State	Zip Code
56 Fairview Dr	Madison	CT	06443

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 05/21/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Cambo	McKenna		0053

Residential Street Address	City	State	Zip Code
47 Springfield St	Wilbraham	MA	01095

Principal Occupation	Name of Employer
Marketing Intern	BXP

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 05/22/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Deloreto	Stephanie		0054

Residential Street Address	City	State	Zip Code
56 Fairview Dr	Madison	CT	06443

Principal Occupation	Name of Employer
Unemployed	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: $25.00

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

If yes, list Event #:

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

Date Received: 05/22/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Muller	Suzanne		0055

Residential Street Address	City	State	Zip Code
43 Kelsey Springs Dr	Madison	CT	06443

Principal Occupation	Name of Employer
Registrar of Voters (R)	Town of Madison

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #:

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

Date Received: 05/22/2026

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Muller	John		0056

Residential Street Address	City	State	Zip Code
43 Kelsey Springs Dr	Madison	CT	06443

Principal Occupation	Name of Employer
Senior Physician Advisor	Hospital for Special Surgery

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #

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

Date Received: 05/22/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Thomas	Lynne		0057

Residential Street Address	City	State	Zip Code
145 Devonshire Ln	Madison	CT	06443

Principal Occupation	Name of Employer
Real Estate Investor	Self Employed - Lynne Thomas

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 05/23/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Siclari	Karen		0069

Residential Street Address	City	State	Zip Code
20 Franks Way	Madison	CT	06443

Principal Occupation	Name of Employer
Unemployed	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: $100.00

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

If yes, list Event #

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

Date Received: 05/23/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Erskine	Faye		0068

Residential Street Address	City	State	Zip Code
195 Yankee Peddler Path	Madison	CT	06443

Principal Occupation	Name of Employer
Cleaner & Spotter	Self Employed - Madison Dry Cleaners

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #

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

Date Received: 05/23/2026

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Ciccone	Carlyle		0067

Residential Street Address	City	State	Zip Code
1064 Durham Rd	Guilford	CT	06437

Principal Occupation	Name of Employer
Restaurant Owner	Pine Rock Ventures LLC

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #:

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

Date Received: 05/23/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Fox	Adam		0066

Residential Street Address	City	State	Zip Code
13 North Ave	North Haven	CT	06473

Principal Occupation	Name of Employer
Sales Mgr	Dichello Distributors

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 05/23/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
D'Lizarraga	Bonnie		0065

Residential Street Address	City	State	Zip Code
198 Yankee Peddler	Madison	CT	06443

Principal Occupation	Name of Employer
Manager	Madison Dry Cleaners

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 05/23/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Parisi	C. Peter		0064

Residential Street Address	City	State	Zip Code
24 Pepperwood Ct	Madison	CT	06443

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 05/23/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Mazzarella	Vivianna		0063

Residential Street Address	City	State	Zip Code
101 Hickory Ln	Madison	CT	06443

Principal Occupation	Name of Employer
Attorney	State of CT: Office of Chief Public Defender

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

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

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

Amount of Contribution: $10.00

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

If yes, list Event #

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

Date Received: 05/23/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Meyer Jr	James		0062

Residential Street Address	City	State	Zip Code
21 Dead Hill Rd	Durham	CT	06422

Principal Occupation	Name of Employer
Toolmaker	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: $5.00

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

If yes, list Event #

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

Date Received: 05/23/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Rausch	Thomas		0061

Residential Street Address	City	State	Zip Code
15 Park Pl	Branford	CT	06405

Principal Occupation	Name of Employer
Manager	Brother Mike's

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received: 05/23/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Preble	Cynthia		0060

Residential Street Address	City	State	Zip Code
68 White Birch Dr	Guilford	CT	06473

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #

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

Date Received: 05/23/2026

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Acampora	Geoffrey		0059

Residential Street Address	City	State	Zip Code
40 Fernwood Dr	Guilford	CT	06437

Principal Occupation	Name of Employer
Sales	Dichello Distributors

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

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

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

Amount of Contribution: $10.00

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

If yes, list Event #:

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

Date Received: 05/23/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Lyms	Nicole		0058

Residential Street Address	City	State	Zip Code
395 Main St	Wallingford	CT	06492

Principal Occupation	Name of Employer
Sales Admin	Dichello Distributors

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 05/23/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Scalzo	Gregory		0071

Residential Street Address	City	State	Zip Code
64 Warpas Rd	Madison	CT	06443

Principal Occupation	Name of Employer
Pastor	Shear-Jashub Christian Tabernacle

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #:

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

Date Received: 05/25/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Scalzo	Patricia		0070

Residential Street Address	City	State	Zip Code
64 Warpas Rd	Madison	CT	06443

Principal Occupation	Name of Employer
Small Business Owner	Greg & Patty Scalzo Company

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #:

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

Date Received: 05/25/2026

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
LaMotte	Dina		0073

Residential Street Address	City	State	Zip Code
6 Kensington Dr	Wilbraham	MA	01095

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #:

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

Date Received	Aggregate Contributions
05/25/2026	$100.00

Last Name	First	MI	Contribution ID #
Scalzo	Francis-David		0072

Residential Street Address	City	State	Zip Code
64 Warpas Rd	Madison	CT	06443

Principal Occupation	Name of Employer
Adjunct Professor	Grand Canyon University

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #:

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

Date Received	Aggregate Contributions
05/25/2026	$100.00

Last Name	First	MI	Contribution ID #
Gray	Desiree		0074

Residential Street Address	City	State	Zip Code
2507 Waterford Ct	Palmetto	FL	34221

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #:

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

Date Received	Aggregate Contributions
05/26/2026	$100.00

Last Name	First	MI	Contribution ID #
Eltzholtz	Carolyn		0085

Residential Street Address	City	State	Zip Code
115 Overbrook Rd	Madison	CT	06443

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #:

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

Date Received	Aggregate Contributions
05/27/2026	$50.00

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Handelman	Ryan		0084

Residential Street Address	City	State	Zip Code
20 Franks Way	Madison	CT	06443

Principal Occupation	Name of Employer
Finance	RH Capital

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 05/27/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Dooley	Brian		0083

Residential Street Address	City	State	Zip Code
21 Franks Way	Madison	CT	06443

Principal Occupation	Name of Employer
Engineer	New England Geo Systems

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 05/27/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Handelman	Kenneth		0082

Residential Street Address	City	State	Zip Code
20 Franks Way	Madison	CT	06443

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 05/27/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Doo	Skyler		0081

Residential Street Address	City	State	Zip Code
21 Franks Way	Madison	CT	06443

Principal Occupation	Name of Employer
Student	Student

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 05/27/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Skarsten	Cynthia		0080

Residential Street Address	City	State	Zip Code
21 Franks Way	Madison	CT	06443

Principal Occupation	Name of Employer
School Counselor	Madison 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: $5.00

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

If yes, list Event #:

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

Date Received: 05/27/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Handelman	Kenneth		0079

Residential Street Address	City	State	Zip Code
20 Franks Way	Madison	CT	06443

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 05/27/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Foster	Gina		0078

Residential Street Address	City	State	Zip Code
26 Rock Point Ln	Guilford	CT	06437

Principal Occupation	Name of Employer
Stewardship Coordinator	Dioces of Norwich CT

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 05/27/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Schettino	Michele		0077

Residential Street Address	City	State	Zip Code
36 Hampton Park	Branford	CT	06405

Principal Occupation	Name of Employer
Teacher	East Haven Board of Ed

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 05/27/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Schettino	Michael		0076

Residential Street Address	City	State	Zip Code
36 Hampton Park	Branford	CT	06405

Principal Occupation	Name of Employer
Architect	Branford Building Supplies

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 05/27/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Schettino	Nicholas		0075

Residential Street Address	City	State	Zip Code
36 Hampton Park	Branford	CT	06405

Principal Occupation	Name of Employer
PT Clerk	Branford Building Supplies

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 05/27/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Glueck	Ashley		0087

Residential Street Address	City	State	Zip Code
68 Peters Ln	Rockfall	CT	06481

Principal Occupation	Name of Employer
Financial Analyst	BOA

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 06/01/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Glueck	David		0086

Residential Street Address	City	State	Zip Code
68 Peters Ln	Rockfall	CT	06481

Principal Occupation	Name of Employer
Insurance Agent	Home Services

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 06/01/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Hannan	Gregg		0089

Residential Street Address	City	State	Zip Code
246 Reeds Gap Rd # 3A	North Branford	CT	06472

Principal Occupation	Name of Employer
Attorney	State of Connecticut

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #:

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

Date Received: 06/02/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Stefanowski	Robert		0088

Residential Street Address	City	State	Zip Code
1046 Boston Post Rd	Madison	CT	06443

Principal Occupation	Name of Employer
CFO	Bitcoin Standard Treasury Company

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #:

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

Date Received: 06/02/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Wilson	Bruce		0092

Residential Street Address	City	State	Zip Code
45 Dairy Hill Rd	Madison	CT	06443

Principal Occupation	Name of Employer
Owner	Rockland HomeWatch Services

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

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

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

Amount of Contribution: $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: 06/03/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
LaRoza	Brenda		0091

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

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $200.00

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

If yes, list Event #:

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

Date Received: 06/03/2026

Aggregate Contributions: $200.00

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Oman	Jyl		0090

Residential Street Address	City	State	Zip Code
959 Boston Post Rd	Madison	CT	06443

Principal Occupation	Name of Employer
Social Worker	Guilford 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

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

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
06/03/2026	$50.00	$50.00

Last Name	First	MI	Contribution ID #
Ryow	Edward		0106

Residential Street Address	City	State	Zip Code
545 Route 81	Killingworth	CT	06419

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

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

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
06/04/2026	$5.00	$5.00

Last Name	First	MI	Contribution ID #
Sassi	Robert		0105

Residential Street Address	City	State	Zip Code
234 N Parker Hill Rd	Killingworth	CT	06419

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

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

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
06/04/2026	$5.00	$5.00

Last Name	First	MI	Contribution ID #
Samperi	Bethany		0104

Residential Street Address	City	State	Zip Code
3 Maple Hl	Killingworth	CT	06419

Principal Occupation	Name of Employer
Research	Hartford Hospital

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

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

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

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

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
06/04/2026	$5.00	$5.00

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Brown	Simon		0103

Residential Street Address	City	State	Zip Code
3 Maple Hl	Killingworth	CT	06419

Principal Occupation	Name of Employer
Laborer	Summer Hill Nursery

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 06/04/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Izzo	Giuseppe		0102

Residential Street Address	City	State	Zip Code
3 Maple Hl	Killingworth	CT	06419

Principal Occupation	Name of Employer
Mason	Connecticut Mason Contractors

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 06/04/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Brown	Rory		0101

Residential Street Address	City	State	Zip Code
3 Maple Hl	Killingworth	CT	06419

Principal Occupation	Name of Employer
Warehouse Assist. Manager	Three (3) Ring Systems

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 06/04/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Adametz	Cindy		0100

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

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 06/04/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Adametz	Walter		0099

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

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 06/04/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Samperi	Deborah McCarty		0098

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

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 06/04/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Samperi	John		0097

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

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

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 06/04/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Keilty	Jessica		0096

Residential Street Address	City	State	Zip Code
149 Yankee Peddler	Madison	CT	06443

Principal Occupation	Name of Employer
Manager	Susan Taylor

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

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

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

Amount of Contribution: $10.00

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

If yes, list Event #:

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

Date Received: 06/04/2026

Aggregate Contributions: $10.00

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Samperi	Daniel		0095

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

Principal Occupation	Name of Employer
Unemployed	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: $5.00

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

If yes, list Event #

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

Date Received	Aggregate Contributions
06/04/2026	$5.00

Last Name	First	MI	Contribution ID #
Oman	Richard		0094

Residential Street Address	City	State	Zip Code
959 Boston Post Rd	Madison	CT	06443

Principal Occupation	Name of Employer
Insurance Agent	Brown and Brown

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received	Aggregate Contributions
06/04/2026	$25.00

Last Name	First	MI	Contribution ID #
Oman	Robert		0093

Residential Street Address	City	State	Zip Code
959 Boston Post Rd	Madison	CT	06443

Principal Occupation	Name of Employer
Insurance Agent	Brown and Brown

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #

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

Date Received	Aggregate Contributions
06/04/2026	$100.00

Last Name	First	MI	Contribution ID #
Siclari	John		0109

Residential Street Address	City	State	Zip Code
39 Deveron Dr	Madison	CT	06443

Principal Occupation	Name of Employer
Unemployed	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: $100.00

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

If yes, list Event #

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

Date Received	Aggregate Contributions
06/04/2026	$100.00

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Siclari	Gail		0108

Residential Street Address	City	State	Zip Code
39 Deveron Dr	Madison	CT	06443

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #:

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

Date Received: 06/04/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Sassi	Marcella		0107

Residential Street Address	City	State	Zip Code
234 N Parker Hill Rd	Killingworth	CT	06419

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 06/04/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Simandl	Joanne		0110

Residential Street Address	City	State	Zip Code
5 Longview Ter	Madison	CT	06443

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #:

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

Date Received: 06/04/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Mazzarella	Angela		0114

Residential Street Address	City	State	Zip Code
101 Hickory Ln	Madison	CT	06443

Principal Occupation	Name of Employer
Manager	Angela Mazzarella

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

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

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

Amount of Contribution: $200.00

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

If yes, list Event #:

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

Date Received: 06/08/2026

Aggregate Contributions: $200.00

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Scalzo	Greg		0113

Residential Street Address	City	State	Zip Code
104 Sandlewood Dr	Madison	CT	06443

Principal Occupation	Name of Employer
DoD Contractor	General Dynamics Mission Systems

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #:

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

Date Received: 06/08/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Downes	Jeffrey		0112

Residential Street Address	City	State	Zip Code
15 Markham Pl	Madison	CT	06443

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #:

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

Date Received: 06/08/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Butler-Shields	Lisa		0111

Residential Street Address	City	State	Zip Code
8 Forest Hills Dr	Madison	CT	06443

Principal Occupation	Name of Employer
Teacher	GPS

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 06/08/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Martin	Devine		0116

Residential Street Address	City	State	Zip Code
70 Woodland Rd # 10-2	Madison	CT	06443

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 06/09/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Trotta	Jonathan		0115

Residential Street Address	City	State	Zip Code
42 Water St	Guilford	CT	06437

Principal Occupation	Name of Employer
RE Investment	Jonathan Trotta

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #:

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

Date Received: 06/09/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Bonadies	Marjorie		0117

Residential Street Address	City	State	Zip Code
122 Parsonage Hill Rd	Northford	CT	06472

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 06/10/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Maco	Rosalie		0119

Residential Street Address	City	State	Zip Code
22 Randi Dr	Madison	CT	06443

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #:

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

Date Received: 06/11/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Maco	Joseph		0118

Residential Street Address	City	State	Zip Code
22 Randi Dr	Madison	CT	06443

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #:

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

Date Received: 06/11/2026

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Schaefer	Kimberly		0126

Residential Street Address	City	State	Zip Code
40 Rock Point Ln	Guilford	CT	06437

Principal Occupation	Name of Employer
Medical Admin	The Collins Center

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 06/15/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Desrosiers	Kristina		0125

Residential Street Address	City	State	Zip Code
19 Samantha Ln	Madison	CT	06443

Principal Occupation	Name of Employer
Registered Nurse	Kaiser Permanente

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

If yes, indicate which branch or branches 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: 06/15/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Brennan	Rebecca		0124

Residential Street Address	City	State	Zip Code
17 Bella Dr	Durham	CT	06422

Principal Occupation	Name of Employer
Sales	Anthem

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 06/15/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Capone	Nico		0123

Residential Street Address	City	State	Zip Code
86 Winterhill Rd	Madison	CT	06443

Principal Occupation	Name of Employer
Accountant	HubSpot

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

If yes, indicate which branch or branches 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: 06/15/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Delucia	Karla		0122

Residential Street Address	City	State	Zip Code
75 French Ave	East Haven	CT	06512

Principal Occupation	Name of Employer
Processor	Knights of Columbus

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 06/15/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Goodman	Abby		0121

Residential Street Address	City	State	Zip Code
15 Pleasant Point Rd	Branford	CT	06405

Principal Occupation	Name of Employer
Sales	Doximity

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #:

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

Date Received: 06/15/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Vicino	Annmarie		0120

Residential Street Address	City	State	Zip Code
2349 Long Hill Rd	Guilford	CT	06437

Principal Occupation	Name of Employer
Front Office Coordinator	Derek M. Steinbacher, MD, DMD, FACS

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 06/15/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Periman	Mary		0127

Residential Street Address	City	State	Zip Code
27 White Cedar Dr	Madison	CT	06443

Principal Occupation	Name of Employer
Associate Project Manager	Simplify Compliance

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #:

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

Date Received: 06/16/2026

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Rea Jr.	Brendan		0128

Residential Street Address	City	State	Zip Code
145 Old Farms Rd	Durham	CT	06422

Principal Occupation	Name of Employer
Legislative Aide	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: $30.00

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

If yes, list Event #:

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

Date Received: 06/17/2026

Aggregate Contributions: $30.00

Last Name	First	MI	Contribution ID #
Greenberg	Adam		0130

Residential Street Address	City	State	Zip Code
6 Partridge Ln	Branford	CT	06405

Principal Occupation	Name of Employer
Real Estate Developer	Adam Greenberg

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #:

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

Date Received: 06/18/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Greenberg	Lindsay		0129

Residential Street Address	City	State	Zip Code
6 Partridge Ln	Branford	CT	06405

Principal Occupation	Name of Employer
Realtor	William Raveis

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #:

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

Date Received: 06/18/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Anderson	Patricia		0131

Residential Street Address	City	State	Zip Code
14 Aceto St	Branford	CT	06405

Principal Occupation	Name of Employer
Customer Service	Merrill Lynch

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 06/19/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Carlson	John		0132

Residential Street Address	City	State	Zip Code
291 Greenwich Ave	New Haven	CT	06519

Principal Occupation	Name of Employer
Teacher	City of Bridgeport

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

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

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

Amount of Contribution: $20.00

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

If yes, list Event #

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

Date Received: 06/21/2026

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
Phelan	John		0133

Residential Street Address	City	State	Zip Code
323 N River St	Guilford	CT	06437

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #

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

Date Received: 06/22/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Lavezzoli	Robert		0150

Residential Street Address	City	State	Zip Code
38 Parker Hill Rd	Killingworth	CT	06419

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received: 06/23/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Roberts-Perry	Amy		0149

Residential Street Address	City	State	Zip Code
110 Parker Hill Road Ext	Killingworth	CT	06419

Principal Occupation	Name of Employer
House Cleaner	Cleaning Services

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

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

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

Amount of Contribution: $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: 06/23/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Perry	Frederick		0148

Residential Street Address	City	State	Zip Code
110 Parker Hill Road Ext	Killingworth	CT	06419

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 06/23/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
White	Barbara		0147

Residential Street Address	City	State	Zip Code
45 Iron Works Rd	Killingworth	CT	06419

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 06/23/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Powers	Joan		0158

Residential Street Address	City	State	Zip Code
126 Nortontown Rd	Madison	CT	06443

Principal Occupation	Name of Employer
Retired Nurse	Retired

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

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

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

Amount of Contribution: $30.00

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

If yes, list Event # 06232026A

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

Date Received: 06/23/2026

Aggregate Contributions: $30.00

Last Name	First	MI	Contribution ID #
DeMusis	Thomas		0157

Residential Street Address	City	State	Zip Code
18 Sugarloaf Rd	Guilford	CT	06437

Principal Occupation	Name of Employer
Owner	DeMusis Radiator - 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: $30.00

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

If yes, list Event # 06232026A

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

Date Received: 06/23/2026

Aggregate Contributions: $30.00

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Lehberger	Roxann		0139

Residential Street Address	City	State	Zip Code
37 Kimberly Ln	Madison	CT	06443

Principal Occupation	Name of Employer
Controller	CR-TEC Engineering

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

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

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

Amount of Contribution: $60.00

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

If yes, list Event # 06232026A

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

Date Received: 06/23/2026

Aggregate Contributions: $60.00

Last Name	First	MI	Contribution ID #
Scalzo	Gregory		0138

Residential Street Address	City	State	Zip Code
64 Warpas Rd	Madison	CT	06443

Principal Occupation	Name of Employer
Pastor	Shear-Jashub Christian Tabernacle

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

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

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

Amount of Contribution: $75.00

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

If yes, list Event # 06232026A

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

Date Received: 06/23/2026

Aggregate Contributions: $175.00

Last Name	First	MI	Contribution ID #
Postovoit	Jane		0137

Residential Street Address	City	State	Zip Code
598 Old Toll Rd	Madison	CT	06443

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $60.00

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

If yes, list Event # 06232026A

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

Date Received: 06/23/2026

Aggregate Contributions: $85.00

Last Name	First	MI	Contribution ID #
Mastronardi	Lili		0136

Residential Street Address	City	State	Zip Code
101 Rolling Meadow Rd	Madison	CT	06443

Principal Occupation	Name of Employer
Realtor	H. Pearce Real Estate

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

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

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

Amount of Contribution: $60.00

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

If yes, list Event # 06232026A

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

Date Received: 06/23/2026

Aggregate Contributions: $60.00

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Scalzo	Francis-David		0135

Residential Street Address	City	State	Zip Code
64 Warpas Rd	Madison	CT	06443

Principal Occupation	Name of Employer
Adjunct Professor	Grand Canyon University

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event # 06232026A

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

Date Received: 06/23/2026

Aggregate Contributions: $150.00

Last Name	First	MI	Contribution ID #
Deane	Peter		0134

Residential Street Address	City	State	Zip Code
22 Franks Way	Madison	CT	06443

Principal Occupation	Name of Employer
Executive	Dichello Distributors

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

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

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

Amount of Contribution: $30.00

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

If yes, list Event # 06232026A

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

Date Received: 06/23/2026

Aggregate Contributions: $80.00

Last Name	First	MI	Contribution ID #
Eltzholtz	John		0156

Residential Street Address	City	State	Zip Code
115 Overbrook Rd	Madison	CT	06443

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $30.00

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

If yes, list Event # 06232026A

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

Date Received: 06/23/2026

Aggregate Contributions: $30.00

Last Name	First	MI	Contribution ID #
Fellows	Brian		0155

Residential Street Address	City	State	Zip Code
24 Garnet Park Rd	Madison	CT	06443

Principal Occupation	Name of Employer
Mechanic	C2 Vehicles

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

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

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

Amount of Contribution: $20.00

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

If yes, list Event # 06232026A

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

Date Received: 06/23/2026

Aggregate Contributions: $20.00

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Forrest	Melody		0154

Residential Street Address	City	State	Zip Code
73 W Wharf Rd	Madison	CT	06443

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $20.00

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

If yes, list Event # 06232026A

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

Date Received: 06/23/2026

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
Kedves	Theresa		0153

Residential Street Address	City	State	Zip Code
48 Wyndy Brook Ln	Madison	CT	06443

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $30.00

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

If yes, list Event # 06232026A

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

Date Received: 06/23/2026

Aggregate Contributions: $30.00

Last Name	First	MI	Contribution ID #
Kedves	Joseph		0152

Residential Street Address	City	State	Zip Code
48 Wyndy Brook Ln	Madison	CT	06443

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $30.00

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

If yes, list Event # 06232026A

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

Date Received: 06/23/2026

Aggregate Contributions: $30.00

Last Name	First	MI	Contribution ID #
Keilty	Jessica		0151

Residential Street Address	City	State	Zip Code
149 Yankee Peddler	Madison	CT	06443

Principal Occupation	Name of Employer
Manager	Susan Taylor

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

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

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

Amount of Contribution: $30.00

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

If yes, list Event # 06232026A

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

Date Received: 06/23/2026

Aggregate Contributions: $40.00

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Fortin	Michel		0146

Residential Street Address	City	State	Zip Code
4 Longview Ter	Madison	CT	06443

Principal Occupation	Name of Employer
Consultant Pharmacist	OctariusRX

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

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

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

Amount of Contribution: $30.00

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

If yes, list Event # 06232026A

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

Date Received: 06/23/2026

Aggregate Contributions: $80.00

Last Name	First	MI	Contribution ID #
Slawson-Fortin	Amy		0145

Residential Street Address	City	State	Zip Code
4 Longview Ter	Madison	CT	06443

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $30.00

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

If yes, list Event # 06232026A

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

Date Received: 06/23/2026

Aggregate Contributions: $130.00

Last Name	First	MI	Contribution ID #
Griffin	Hilary		0144

Residential Street Address	City	State	Zip Code
38 Windward Ln	Madison	CT	06443

Principal Occupation	Name of Employer
Artist	Hilary Griffin Art

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

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

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

Amount of Contribution: $30.00

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

If yes, list Event # 06232026A

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

Date Received: 06/23/2026

Aggregate Contributions: $30.00

Last Name	First	MI	Contribution ID #
Scalzo	Greg		0143

Residential Street Address	City	State	Zip Code
104 Sandlewood Dr	Madison	CT	06443

Principal Occupation	Name of Employer
DoD Contractor	General Dynamics Mission Systems

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event # 06232026A

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

Date Received: 06/23/2026

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Scalzo	Michelle		0142

Residential Street Address	City	State	Zip Code
104 Sandlewood Dr	Madison	CT	06443

Principal Occupation	Name of Employer
Veterinary Technician	Vet Associates of N Branford

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

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

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

Amount of Contribution: $10.00

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

If yes, list Event # 06232026A

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

Date Received: 06/23/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Scalzo	Patricia		0141

Residential Street Address	City	State	Zip Code
64 Warpas Rd	Madison	CT	06443

Principal Occupation	Name of Employer
Small Business Owner	Greg & Patty Scalzo 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: $75.00

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

If yes, list Event # 06232026A

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

Date Received: 06/23/2026

Aggregate Contributions: $175.00

Last Name	First	MI	Contribution ID #
Thomas	Lynne		0140

Residential Street Address	City	State	Zip Code
145 Devonshire Ln	Madison	CT	06443

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $30.00

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

If yes, list Event # 06232026A

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

Date Received: 06/23/2026

Aggregate Contributions: $55.00

Last Name	First	MI	Contribution ID #
O'Connell	Sean		0169

Residential Street Address	City	State	Zip Code
506 Boston Post Rd	Madison	CT	06443

Principal Occupation	Name of Employer
Unemployed - Retired	Unemployed - Retired

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event # 06232026A

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

Date Received: 06/23/2026

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Francischelli	Maryann		0168

Residential Street Address	City	State	Zip Code
10 Sterling Park Dr	Madison	CT	06443

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event # 06232026A

Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 06/23/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
DeMusis	Deborah		0167

Residential Street Address	City	State	Zip Code
18 Sugar Loaf Rd	Guilford	CT	06437

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $30.00

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No

If yes, list Event # 06232026A

Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 06/23/2026

Aggregate Contributions: $30.00

Last Name	First	MI	Contribution ID #
Ciccone	Carlyle		0166

Residential Street Address	City	State	Zip Code
1064 Durham Rd	Guilford	CT	06437

Principal Occupation	Name of Employer
Restaurant Owner	Self, Pine Rock Ventures, LLC

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No

If yes, list Event # 06232026A

Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 06/23/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Nanamaker	David		0165

Residential Street Address	City	State	Zip Code
34 Hoadley Creek Rd	Guilford	CT	06437

Principal Occupation	Name of Employer
Director of Sales	Expand Media

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $30.00

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No

If yes, list Event # 06232026A

Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 06/23/2026

Aggregate Contributions: $30.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
DEANE 2026	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
O'Connell	Lori		0164

Residential Street Address	City	State	Zip Code
506 Boston Post Rd	Madison	CT	06443

Principal Occupation	Name of Employer
VP	Datadog, Inc

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No

If yes, list Event # 06232026A

Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received	Aggregate Contributions	Amount of Contribution
06/23/2026	$175.00	$100.00

Last Name	First	MI	Contribution ID #
Waltemade	Gladys		0163

Residential Street Address	City	State	Zip Code
152 Flintlock Rd	Madison	CT	06443

Principal Occupation	Name of Employer
Homemaker	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

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No

If yes, list Event # 06232026A

Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received	Aggregate Contributions	Amount of Contribution
06/23/2026	$30.00	$30.00

Last Name	First	MI	Contribution ID #
Helgeson	Debbie		0162

Residential Street Address	City	State	Zip Code
1093 Durham Rd	Madison	CT	06443

Principal Occupation	Name of Employer
Nurse	Guilford 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

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No

If yes, list Event # 06232026A

Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received	Aggregate Contributions	Amount of Contribution
06/23/2026	$100.00	$100.00

Last Name	First	MI	Contribution ID #
Krutz	Ronald		0161

Residential Street Address	City	State	Zip Code
187 Ridge Rd	Madison	CT	06443

Principal Occupation	Name of Employer
Owner	New England CNC

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No

If yes, list Event # 06232026A

Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received	Aggregate Contributions	Amount of Contribution
06/23/2026	$50.00	$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): DEANE 2026

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Krutz	Susan		0160

Residential Street Address	City	State	Zip Code
187 Ridge Rd	Madison	CT	06443

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No

If yes, list Event # 06232026A

Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 06/23/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Nanamaker	Maria		0159

Residential Street Address	City	State	Zip Code
34 Hoadley Creek Cir	Guilford	CT	06437

Principal Occupation	Name of Employer
Interior Decorator	Self-employed/ One Room At A Time

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $30.00

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No

If yes, list Event # 06232026A

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 06/23/2026

Aggregate Contributions: $30.00

Last Name	First	MI	Contribution ID #
Kadziela	Joanne		0170

Residential Street Address	City	State	Zip Code
30 Featherbed Ln	Branford	CT	06405

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 06/24/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Cambo	Philip		0172

Residential Street Address	City	State	Zip Code
1191 N Ocean Way	Palm Beach	FL	33480

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $340.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 06/25/2026

Aggregate Contributions: $340.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): DEANE 2026

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Kelty	Bev		0171

Residential Street Address	City	State	Zip Code
20 Godman Rd	Madison	CT	06443

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 06/25/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Crowe	Dennis		0174

Residential Street Address	City	State	Zip Code
141 Twilight Dr	Madison	CT	06443

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $30.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 06/26/2026

Aggregate Contributions: $55.00

Last Name	First	MI	Contribution ID #
Cambo	Kathy		0173

Residential Street Address	City	State	Zip Code
1191 N Ocean Way	Palm Beach	FL	33480

Principal Occupation	Name of Employer
Unemployed	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: $340.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 06/26/2026

Aggregate Contributions: $340.00

Last Name	First	MI	Contribution ID #
Helgeson	Adam		0175

Residential Street Address	City	State	Zip Code
1093 Durham Rd	Madison	CT	06443

Principal Occupation	Name of Employer
Student	Student

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 06/27/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): DEANE 2026

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Di Lonardo	Patrizia		0176

Residential Street Address	City	State	Zip Code
961 Route 80	Guilford	CT	06437

Principal Occupation	Name of Employer
AV Engineer	CTI

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches 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: 06/28/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Corradino	Joseph		0187

Residential Street Address	City	State	Zip Code
29 Valley Brook Rd S	Branford	CT	06405

Principal Occupation	Name of Employer
Attorney	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: $20.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 06/29/2026

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
Neupane	Chiran		0186

Residential Street Address	City	State	Zip Code
419 Thoreau St	Branford	CT	06405

Principal Occupation	Name of Employer
Sales Rep	Nest Real Estate

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 06/29/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Falcigno	David		0185

Residential Street Address	City	State	Zip Code
67 Lantern View Dr	Branford	CT	06405

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 06/29/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): DEANE 2026

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Phillips	Rhoda		0184

Residential Street Address	City	State	Zip Code
150 Alps Rd	Branford	CT	06405

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 06/29/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Bombalicki	Leo		0183

Residential Street Address	City	State	Zip Code
16 Cow Hill Rd	Killingworth	CT	06419

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 06/29/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Piagentini	Jack		0182

Residential Street Address	City	State	Zip Code
3 Matthew Ct	Madison	CT	06443

Principal Occupation	Name of Employer
Student	Student

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 06/29/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Piagentini	Thomas		0181

Residential Street Address	City	State	Zip Code
3 Matthew Ct	Madison	CT	06443

Principal Occupation	Name of Employer
Student	Student

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 06/29/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): DEANE 2026

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Piagentini	Joseph		0180

Residential Street Address	City	State	Zip Code
3 Matthew Ct	Madison	CT	06443

Principal Occupation	Name of Employer
CEO	JP Provisions, Inc

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 06/29/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Hagen	Bryan		0179

Residential Street Address	City	State	Zip Code
18 Matthew Ct	Madison	CT	06443

Principal Occupation	Name of Employer
Sales	Know Bio

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 06/29/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Piagentini	Diana		0178

Residential Street Address	City	State	Zip Code
49 Allison Dr	Madison	CT	06443

Principal Occupation	Name of Employer
Secretary	Cross Island Prov

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 06/29/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Fike	Chris		0177

Residential Street Address	City	State	Zip Code
12 Renees Way	Madison	CT	06443

Principal Occupation	Name of Employer
Business Analyst	Wilson & Franco

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 06/29/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
DEANE 2026	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Hagan	Lynn		0188

Residential Street Address	City	State	Zip Code
197 Hunters Trl	Madison	CT	06443

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor?	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Amount of Contribution
☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative	☐ Yes ☒ No	

Is this contribution associated with an event reported in Section J1?	Method of contribution:	Date Received	Aggregate Contributions	
☐ Yes ☒ No If yes, list Event #	☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card	06/30/2026	$20.00	$20.00

Total of Section B	**$8,585.00**
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Total on Line 14, Column A of Summary Page)*	**$8,585.00**

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
DEANE 2026	July 10 Filing - Original

C1. Contributions from Other Committees

Name of Committee	Name of Treasurer

Address	Is this contribution associated with an event reported in Section J1? Yes No If yes, list Event #	Amount of Contribution

City	State	Zip Code	Date Received	Aggregate Contributions

Total of Section C1	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
DEANE 2026	July 10 Filing - Original

C2. Reimbursements or Surplus Distributions from other Committees

Name of Committee			Name of Treasurer	
Address			Date Received	Amount of Receipt
City	State	Zip Code	Payment Type Reimbursement for shared expense Surplus distribution from exploratory committee	
Expenditure #	Description			
			Total of Section C2	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
DEANE 2026	July 10 Filing - Original

D. Loans Received this Period

Name of Lender			Source of Loan: Bank Candidate Individual Other		Date of Receipt
Street Address	City	State	Zip Code		Is there a cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)					**Amount Received**
Street Address	City	Stat	Zip Code		
				Total of Section D	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
DEANE 2026	July 10 Filing - Original

E. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)

Date of Receipt	Method of Payment	Amount
	Cash Personal Check Credit/Debit Card	
	Total of Section E	

I. Monetary Receipts (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
DEANE 2026	July 10 Filing - Original

G. Interest from Deposits in Authorized Accounts

Name of Institution		Date Received		Amount
Street Address	City	State	Zip Code	
		Total of Section G		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
DEANE 2026	July 10 Filing - Original

H. Public Grant Funds Received from the Citizens' Election Fund

Purpose of Grant:	Grant Cycle:	Date Received	Amount
Initial Grant Adjustment Supplemental/Post Election Deficit	Primary General Election Special Election		
	Total of Section H		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
DEANE 2026	July 10 Filing - Original

I. Miscellaneous Monetary Receipts not Considered Contributions

Name	Date of Transaction	Amount Received
CEF	06/01/2026	

Street Address	City	State	Zip Code
55 Farmington Ave	Hartford	CT	06105

Description	
CEP-12 "Penny Test"	$0.03

Total of Section I	**$0.03**

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
DEANE 2026	July 10 Filing - Original

J1. Event Information

Event # / Date of Event	Letter	Description	Was this a fundraising event?
06/23/2026	A	Meet and Greet Event	[X] Yes [ ] No

Location: Street Address	City	State	Zip Code
73 W Wharf Rd	Madison	CT	06443

Was this event hosted at a personal residence?	[ ] Yes [X] No	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any puchases made by host(s) for food, beverage and invitations.
Did this fundraiser include items donated by a business entity of up to $200 or items donated by an individual of up to $100?	[ ] Yes [X] No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to $100?	[ ] Yes [X] No	(If yes, enter Total Receipts here.) $0.00

Total of Section J1	$0.00

II.EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
DEANE 2026	July 10 Filing - Original

J3. In-Kind Donations Not Considered Contributions

Name of the Donor			
Street Address	City	State	Zip Code

Donation Given by: Individual / Business Entity / Sole Proprietorship	Description of Donation			Fair Market Value of Donation
	Date Received	Event #	Aggregate value for this event	

Total of Section J3	

II.EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
DEANE 2026	July 10 Filing - Original

J4. In-Kind Donations Not Considered Contributions Associated with a House Party

Name of Host	Is this event supporting more than one candidate? Yes No If yes, complete Itemization in Addendum J4		
Street Address	City	State	Zip Code

Description of Donation			Fair Market Value of Donation
Event #	Aggregate value of this Event - all hosts	Aggregate value of all Events - this host/candidate	

Total of Section J4	

III. NONMONETARY RECEIPTS (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
DEANE 2026	July 10 Filing - Original

K. In-Kind Contributions

Name

Street Address | City | State | Zip Code

Is this contribution associated with an event reported in Section J1? Yes / No

If yes, list Event#

Description of In-Kind Contribution

Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes / No

Is contributor a principal of a state contractor or prospective state contractor? Yes / No

If yes, indicate which branch or branches of government the contract is with: Executive / Legislative

Fair Market Value of this Contribution

Type of Contributor: Individual / Committee / Sole Proprietorship

Date Received

Aggregate contributions

Total of Section K

III. Non Monetary Receipts (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
DEANE 2026	July 10 Filing - Original

L. Refundable Deposit to Telephone Company

Last Name of Individual | First Name | MI | Date Deposit Made

Residential Street Address | City | State | Zip Code | Amount of Deposit

Name of Telephone company

Street Address | City | State | Zip Code

Total of Section L

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
DEANE 2026	July 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Angela L Driver	05/22/2026	[X] Check # 102 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
183 Winslow Dr	West Haven	CT	06516

Purpose of Expendit	Description	Amount
RMB	Staples.com Order #9936919556 - Treasurer Supplies (file folders)	$19.96

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No
If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Skyler Doo	05/31/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
21 Franks Way	Madison	CT	06443

Purpose of Expendit	Description	Amount
REF	Refund of Contribution #0081	$5.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No
If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Anedot	05/31/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
1340 Poydras St # 1770	New Orleans	LA	70112

Purpose of Expendit	Description	Amount
WEB	May 2026 fees associated with processing online credit card contributions	$166.40

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No
If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
DEANE 2026	July 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Cristy's Madison	06/23/2026	[X] Check # 103 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
73 W Wharf Rd	Madison	CT	06443

Purpose of Expendit	Description	Amount
FNDR *	Food (contracted)	$236.08

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N		06232026A

Name of Payee	Date of Payment	Method of Payment
Cristy's Madison	06/23/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
73 W Wharf Rd	Madison	CT	06443

Purpose of Expendit	Description	Amount
FNDR *	Extra Order of Chicken Tenders	$22.22

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N		06232026A

Name of Payee	Date of Payment	Method of Payment
Lisa Deane	06/23/2026	[X] Check # 104 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
22 Franks Way	Madison	CT	06443

Purpose of Expendit	Description	Amount
RMB	TYCO Print Invoice #199083 - Business Cards	$132.94

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N		

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
DEANE 2026	July 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Thomas Piagentini	06/30/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
3 Matthew Ct	Madison	CT	06443

Purpose of Expendit	Description	Amount
REF	Refund of Contribution #0181	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$5.00

Name of Payee	Date of Payment	Method of Payment
Jack Piagentini	06/30/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
3 Matthew Ct	Madison	CT	06443

Purpose of Expendit	Description	Amount
REF	Refund of Contribution #0182	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$5.00

Name of Payee	Date of Payment	Method of Payment
Anedot	06/30/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
1340 Poydras St # 1770	New Orleans	LA	70112

Purpose of Expendit	Description	Amount
WEB	June 2026 fees for processing credit card contributions	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$146.60

Total of Section N	**$739.20**

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
DEANE 2026	July 10 Filing - Original

O. Expenses Paid By Candidate

Name of Payee (Name of vendor who candidate paid directly)	Date of Payment	Is Reimbursement Claimed?
TYCO Print - Madison	06/23/2026	[X] Yes [ ] No

Street Address	City	State	Zip Code	Amount
200 Boston Post Rd # 9	Madison	CT	06443	

Purpose of Expenditure (by code)	Description	Event #	Amount
PRNT	Invoice #199083 - Business Cards		$132.94

Total of Section O	$132.94

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
DEANE 2026	July 10 Filing - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution	Type of Credit Card: Visa Master Card Discover American Express Other

Name of Vendor	Date of Transaction

Street Address	City	State	Zip Code

Purpose of Expenditure (by code)	Description	Amount

Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes / No. If yes, assign an Expenditure # and complete Itemization in Addendum P	Expenditure # (if applicable)	Event #

Total of Section P	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
DEANE 2026	July 10 Filing - Original

Q. Expenses Incurred By Committee but Not Paid During this Period

Name of Creditor			Date Incurred	
Street Address	City		State	Zip Code
Purpose of Expenditure (by code)	Description			Amount Incurred (Estimate or Actual)
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes / No If yes, assign an Expenditure # and completes Itemization in Addendum Q		Expenditure # (if applicable)	Event #	

Total of Section Q	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
DEANE 2026	July 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Driver	Angela	L	05/22/2026	[X] Check # 102 [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: Staples.com

Street Address of Vendor	City	State	Zip Code
500 Staple Dr	Framingham	MA	01702

Purpose of Expenditure (by code)	Description
OFFICE	Staples.com Order #9936919556 - Treasurer Supplies (file folders)

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and completes Itemization in Addendum R			$19.96

Total of Section R	**$19.96**

IV. EXPENDITURES (Sectuibs N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
DEANE 2026	July 10 Filing - Original

S. Surplus Distribution of Equipment and Furniture

Name of Recipient

Street Address	City	State	Zip Code	Original Purchase Amount of Item

Description of Item

Total of Section S	

Section J4. ADDENDUM	
NAME OF COMMITTEE	TYPE OF REPORT
J4. In - Kind Donations Not Considered Contribution Associated with a House Party - Addendum	
Event #	
Name of Candidate	

Section N. ADDENDUM	
NAME OF COMMITTEE	TYPE OF REPORT
N. Expenses Paid By Committee - Addendum	
Expenditure #	**Amount of Expenditure**
Name of Candidate	Office Sought

Section P. ADDENDUM	
NAME OF COMMITTEE	TYPE OF REPORT
P. Expenses Incurred on Committee Credit Card - Addendum	
Expenditure #	**Amount of Expenditure**
Name of Candidate	Office Sought

Section Q. ADDENDUM	
NAME OF COMMITTEE	TYPE OF REPORT

Q. Expenses Incurred by Committee but Not Paid During this Period - Addendum	
Expenditure #	**Amount of Expenditure**

Name of Candidate	Office Sought

Section R. ADDENDUM	
NAME OF COMMITTEE	TYPE OF REPORT

R. Itemization of Reimbursements and Secondary Payees - Addendum	
Expenditure #	**Amount of Expenditure**

Name of Candidate	Office Sought