

**SEEC FORM 30**

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



Electronic Filing

Do Not Mark in This Space For Official Use Only

Page 1 of 43

**COVER PAGE**

|                                                                                                                                                                                                                                                                                  |                                                           |                          |              |                                                                                                                  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|--------------------------|--------------|------------------------------------------------------------------------------------------------------------------|--|
| 1. NAME OF COMMITTEE                                                                                                                                                                                                                                                             |                                                           |                          |              | 2. TYPE OF COMMITTEE                                                                                             |  |
| <b>Vote Astarita</b>                                                                                                                                                                                                                                                             |                                                           |                          |              | <input checked="checked" type="checkbox"/> Candidate Committee<br><input type="checkbox"/> Exploratory Committee |  |
| 3. TREASURER NAME                                                                                                                                                                                                                                                                |                                                           |                          |              |                                                                                                                  |  |
| First                                                                                                                                                                                                                                                                            | MI                                                        | Last                     |              | Suffix                                                                                                           |  |
| <b>Thomas</b>                                                                                                                                                                                                                                                                    | <b>E</b>                                                  | <b>McCarthy</b>          |              |                                                                                                                  |  |
| 4. TREASURER ADDRESS                                                                                                                                                                                                                                                             |                                                           |                          |              |                                                                                                                  |  |
| Street Address                                                                                                                                                                                                                                                                   | City                                                      | State                    | Zip Code     |                                                                                                                  |  |
| <b>15 Lovers Ln</b>                                                                                                                                                                                                                                                              | <b>Fairfield</b>                                          | <b>CT</b>                | <b>06824</b> |                                                                                                                  |  |
| 5. ELECTION DATE                                                                                                                                                                                                                                                                 | 6. OFFICE SOUGHT ( Complete only if Candidate Committee ) |                          |              | 7. DISTRICT NUMBER ( if applicable )                                                                             |  |
| <b>11/03/2026</b>                                                                                                                                                                                                                                                                | <b>State Representative</b>                               |                          |              | <b>R134</b>                                                                                                      |  |
| 8. CANDIDATE NAME ( Complete only if Candidate or Exploratory Committee )                                                                                                                                                                                                        |                                                           |                          |              |                                                                                                                  |  |
| First                                                                                                                                                                                                                                                                            | MI                                                        | Last                     |              | Suffix                                                                                                           |  |
| <b>Kenneth</b>                                                                                                                                                                                                                                                                   |                                                           | <b>Astarita</b>          |              |                                                                                                                  |  |
| 9. TYPE OF REPORT                                                                                                                                                                                                                                                                |                                                           |                          |              |                                                                                                                  |  |
| <b>July 10 Filing - Original</b>                                                                                                                                                                                                                                                 |                                                           |                          |              |                                                                                                                  |  |
| 10. PERIOD COVERED                                                                                                                                                                                                                                                               |                                                           |                          |              |                                                                                                                  |  |
| Beginning Date                      Ending Date                                                                                                                                                                                                                                  |                                                           |                          |              |                                                                                                                  |  |
| <b>04/04/2026</b> thru <b>06/30/2026</b>                                                                                                                                                                                                                                         |                                                           |                          |              |                                                                                                                  |  |
| 11. CERTIFICATION                                                                                                                                                                                                                                                                |                                                           |                          |              |                                                                                                                  |  |
| <input checked="checked" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.            |                                                           |                          |              |                                                                                                                  |  |
| <b>Electronic Filing</b>                                                                                                                                                                                                                                                         |                                                           | <b>Thomas McCarthy</b>   |              | <b>07/02/2026 3:24:53PM</b>                                                                                      |  |
| SIGNATURE                                                                                                                                                                                                                                                                        |                                                           | PRINT NAME OF THE SIGNER |              | DATE CERTIFIED                                                                                                   |  |
| <b>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.</b> |                                                           |                          |              |                                                                                                                  |  |

**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                 |                              |
|---------------------------------------------------------------------------------------------------|--------------------------------|------------------------------|
| <b>Vote Astarita</b>                                                                              | July 10 Filing - Original      |                              |
|                                                                                                   | <b>COLUMN A</b><br>This Period | <b>COLUMN B</b><br>Aggregate |
| 12. Balance on hand from day Committee was formed                                                 |                                | <b>\$0.00</b>                |
| 13. Balance on hand at the beginning of Reporting Period                                          | <b>\$0.00</b>                  |                              |
| 14. Contributions received from Individuals (Section A and B)                                     | <b>\$6,485.00</b>              | <b>\$6,485.00</b>            |
| 15. Receipts from Other Committees (Sections C1 and C2)                                           | <b>\$0.00</b>                  | <b>\$0.00</b>                |
| 16. Other Monetary Receipts (Section D through I)                                                 | <b>\$0.00</b>                  | <b>\$0.00</b>                |
| 17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)                           | <b>\$0.00</b>                  | <b>\$0.00</b>                |
| 18. Total Monetary Receipts (add totals for lines 14 through 17)                                  | <b>\$6,485.00</b>              | <b>\$6,485.00</b>            |
| 19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)           | <b>\$6,485.00</b>              | <b>\$6,485.00</b>            |
| 20. Expenses Paid by Committee (Section N)                                                        | <b>\$1,165.70</b>              | <b>\$1,165.70</b>            |
| 21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns ) | <b>\$5,319.30</b>              | <b>\$5,319.30</b>            |
| 22. In-Kind Donations not Considered Contributions Received (Section J3)                          | <b>\$0.00</b>                  | <b>\$0.00</b>                |
| 23. In-Kind Donations not Considered Contributions - House Party (Section J4)                     | <b>\$0.00</b>                  | <b>\$0.00</b>                |
| 24. In-Kind Contributions Received (Section K)                                                    | <b>\$0.00</b>                  | <b>\$0.00</b>                |
| 25. Refundable Deposit to Telephone Company (Section L)                                           | <b>\$0.00</b>                  | <b>\$0.00</b>                |
| 26. Beginning Loan Balance                                                                        | <b>\$0.00</b>                  |                              |
| 26a. + Loans Received (Section D)                                                                 | <b>\$0.00</b>                  | <b>\$0.00</b>                |
| 26b. + Interest and Penalties on Loan(s)                                                          | <b>\$0.00</b>                  | <b>\$0.00</b>                |
| 26c. - Payments on Loan(s)                                                                        | <b>\$0.00</b>                  | <b>\$0.00</b>                |
| 26d. Total Outstanding Loan Amount                                                                | <b>\$0.00</b>                  |                              |
| 27. Campaign Expenses Paid By Candidate (Section O)                                               | <b>\$0.00</b>                  | <b>\$0.00</b>                |
| 28. Expenses Incurred on Committee Credit Card (Section P)                                        | <b>\$0.00</b>                  | <b>\$0.00</b>                |
| 29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)                    | <b>\$772.50</b>                |                              |
| 29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)                    | <b>\$772.50</b>                |                              |

**I. MONETARY RECEIPTS (Section A-I)**

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

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>McCarthy                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | First<br>Thomas                                                                                                                             |                             | MI                                  | Contribution ID #<br>0001 |
| Residential Street Address<br>15 Lovers Ln                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | City<br>Fairfield                                                                                                                           |                             | State<br>CT                         | Zip Code<br>06824         |
| Principal Occupation<br>Retired                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Name of Employer<br>Retired                                                                                                                 |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br>04/20/2026 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Grant                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | First<br>Michael                                                                                                                            |                             | MI                                  | Contribution ID #<br>0002 |
| Residential Street Address<br>1585 Melville Ave                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | City<br>Fairfield                                                                                                                           |                             | State<br>CT                         | Zip Code<br>06825         |
| Principal Occupation<br>Sales                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | Name of Employer<br>USI Insurance                                                                                                           |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br>04/24/2026 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>McCarthy                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | First<br>Thomas                                                                                                                             |                             | MI                                  | Contribution ID #<br>0003 |
| Residential Street Address<br>15 Lovers Ln                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | City<br>Fairfield                                                                                                                           |                             | State<br>CT                         | Zip Code<br>06824         |
| Principal Occupation<br>Retired                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Name of Employer<br>Retired                                                                                                                 |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br>04/25/2026 | Aggregate Contributions<br>\$105.00 | \$5.00                    |

**I. MONETARY RECEIPTS (Section A-I)**

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>McCarthy                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | First<br>Thomas                                                                                                                             |                             | MI                                  | Contribution ID #<br>0004 |
| Residential Street Address<br>15 Lovers Ln                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | City<br>Fairfield                                                                                                                           |                             | State<br>CT                         | Zip Code<br>06824         |
| Principal Occupation<br>Retired                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Name of Employer<br>Retired                                                                                                                 |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br>04/29/2026 | Aggregate Contributions<br>\$110.00 | \$5.00                    |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Turner                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | First<br>Donald                                                                                                                             |                             | MI                                  | Contribution ID #<br>0005 |
| Residential Street Address<br>13 Woodcock Ln                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | City<br>Westport                                                                                                                            |                             | State<br>CT                         | Zip Code<br>06880         |
| Principal Occupation<br>Sales                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | Name of Employer<br>Everpure                                                                                                                |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br>05/04/2026 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Astarita                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | First<br>Roberta                                                                                                                            |                             | MI                                  | Contribution ID #<br>0006 |
| Residential Street Address<br>189 Southport Woods Dr                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br>Southport                                                                                                                           |                             | State<br>CT                         | Zip Code<br>06824         |
| Principal Occupation<br>Retired                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Name of Employer<br>Retired                                                                                                                 |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br>05/24/2026 | Aggregate Contributions<br>\$340.00 | \$340.00                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Britton                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | First<br>Peter                                                                                                                              |                             | MI                                  | Contribution ID #<br>0007 |
| Residential Street Address<br>1301 Mill Hill Rd                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | City<br>Fairfield                                                                                                                           |                             | State<br>CT                         | Zip Code<br>06890         |
| Principal Occupation<br>Retired                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Name of Employer<br>Retired                                                                                                                 |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br>05/26/2026 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

**I. MONETARY RECEIPTS (Section A-I)**

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Baldwin</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>James</b>                                                                                                                       |                                    | MI                                         | Contribution ID #<br><b>0012</b> |
| Residential Street Address<br><b>150 Inwood Rd</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | City<br><b>Fairfield</b>                                                                                                                    |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06825</b>         |
| Principal Occupation<br><b>Attorney</b>                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | Name of Employer<br><b>Coles Baldwin &amp; Kaiser</b>                                                                                       |                                    |                                            |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br><b>05/27/2026</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Baldwin</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Louise</b>                                                                                                                      |                                    | MI                                        | Contribution ID #<br><b>0011</b> |
| Residential Street Address<br><b>150 Inwood Rd</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | City<br><b>Fairfield</b>                                                                                                                    |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06825</b>         |
| Principal Occupation<br><b>Jewelry Designer</b>                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Name of Employer<br><b>in2 design</b>                                                                                                       |                                    |                                           |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br><b>05/27/2026</b> | Aggregate Contributions<br><b>\$25.00</b> | <b>\$25.00</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Colburn</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Collin</b>                                                                                                                      |                                    | MI                                         | Contribution ID #<br><b>0010</b> |
| Residential Street Address<br><b>139 Old Barn Rd</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br><b>Fairfield</b>                                                                                                                    |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06824</b>         |
| Principal Occupation<br><b>VP Commerce</b>                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | Name of Employer<br><b>Interactive Advertising Bureau</b>                                                                                   |                                    |                                            |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br><b>05/27/2026</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Ryan</b>                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | First<br><b>Robert</b>                                                                                                                      |                                    | MI                                         | Contribution ID #<br><b>0009</b> |
| Residential Street Address<br><b>135 Arcadian Dr</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br><b>Amherst</b>                                                                                                                      |                                    | State<br><b>NY</b>                         | Zip Code<br><b>14228</b>         |
| Principal Occupation<br><b>Advisor</b>                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | Name of Employer<br><b>Nickel City Capital, LLC</b>                                                                                         |                                    |                                            |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br><b>05/27/2026</b> | Aggregate Contributions<br><b>\$340.00</b> | <b>\$340.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Casale</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Robert</b>                                                                                                                      |                                    | MI                                         | Contribution ID #<br><b>0008</b> |
| Residential Street Address<br><b>40 W Elm St .</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | City<br><b>Greenwich</b>                                                                                                                    |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06830</b>         |
| Principal Occupation<br><b>Retired</b>                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | Name of Employer<br><b>Retired</b>                                                                                                          |                                    |                                            |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br><b>05/27/2026</b> | Aggregate Contributions<br><b>\$340.00</b> | <b>\$340.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>MacGuffie</b>                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | First<br><b>Robert</b>                                                                                                                      |                                    | MI                                        | Contribution ID #<br><b>0013</b> |
| Residential Street Address<br><b>144 Mayweed Rd</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>Fairfield</b>                                                                                                                    |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06824</b>         |
| Principal Occupation<br><b>Insurance Agent</b>                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                | Name of Employer<br><b>Evergreen Insurance LLC</b>                                                                                          |                                    |                                           |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br><b>05/28/2026</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Durrell</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Bryce</b>                                                                                                                       |                                    | MI<br><b>A</b>                            | Contribution ID #<br><b>0017</b> |
| Residential Street Address<br><b>58 Teal Lake Dr</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br><b>Savannah</b>                                                                                                                     |                                    | State<br><b>GA</b>                        | Zip Code<br><b>31419</b>         |
| Principal Occupation<br><b>Teacher</b>                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | Name of Employer<br><b>Bryan County Public Schools</b>                                                                                      |                                    |                                           |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br><b>05/28/2026</b> | Aggregate Contributions<br><b>\$10.00</b> | <b>\$10.00</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                          |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------------------------------|----------------------------------|
| Last Name<br><b>Quatela</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Denice</b>                                                                                                                      |                                    | MI                                       | Contribution ID #<br><b>0016</b> |
| Residential Street Address<br><b>245 Unquowa Rd</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>Fairfield</b>                                                                                                                    |                                    | State<br><b>CT</b>                       | Zip Code<br><b>06824</b>         |
| Principal Occupation<br><b>Assistant Registrar of Voters</b>                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | Name of Employer<br><b>Town of Fairfield</b>                                                                                                |                                    |                                          |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                   |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br><b>05/28/2026</b> | Aggregate Contributions<br><b>\$5.00</b> | <b>\$5.00</b>                    |

**I. MONETARY RECEIPTS (Section A-I)**

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                   |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------------|---------------------------|
| Last Name<br>Politi                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | First<br>Cathy                                                                                                                              |                             | MI                                | Contribution ID #<br>0015 |
| Residential Street Address<br>48 Barnhill Rd                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | City<br>Fairfield                                                                                                                           |                             | State<br>CT                       | Zip Code<br>06825         |
| Principal Occupation<br>Registrar of Voter                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | Name of Employer<br>Town of Fairfield                                                                                                       |                             |                                   |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution            |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br>05/28/2026 | Aggregate Contributions<br>\$5.00 | \$5.00                    |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Shostak                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | First<br>Jackson                                                                                                                            |                             | MI                                  | Contribution ID #<br>0014 |
| Residential Street Address<br>138 Figlar Ave                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | City<br>Fairfield                                                                                                                           |                             | State<br>CT                         | Zip Code<br>06824         |
| Principal Occupation<br>Legislative Aid                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | Name of Employer<br>State of Connecticut, CGA                                                                                               |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br>05/28/2026 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                    |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>Thomas                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | First<br>Lukas                                                                                                                              |                             | MI                                 | Contribution ID #<br>0020 |
| Residential Street Address<br>1230 Merritt St                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | City<br>Fairfield                                                                                                                           |                             | State<br>CT                        | Zip Code<br>06825         |
| Principal Occupation<br>Attorney                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | Name of Employer<br>Owens, Schine & Nicola, PC                                                                                              |                             |                                    |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution             |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br>05/29/2026 | Aggregate Contributions<br>\$25.00 | \$25.00                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Millington                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | First<br>James                                                                                                                              |                             | MI                                  | Contribution ID #<br>0019 |
| Residential Street Address<br>245 Unquowa Rd                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | City<br>Fairfield                                                                                                                           |                             | State<br>CT                         | Zip Code<br>06824         |
| Principal Occupation<br>Realtor                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Name of Employer<br>William Raveis Real Estate                                                                                              |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br>05/29/2026 | Aggregate Contributions<br>\$250.00 | \$250.00                  |

**I. MONETARY RECEIPTS (Section A-I)**

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>MacGuffie</b>                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | First<br><b>Adrienne</b>                                                                                                                    |                                    | MI                                         | Contribution ID #<br><b>0018</b> |
| Residential Street Address<br><b>144 Mayweed Rd</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>Fairfield</b>                                                                                                                    |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06824</b>         |
| Principal Occupation<br><b>Retired</b>                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | Name of Employer<br><b>Retired</b>                                                                                                          |                                    |                                            |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br><b>05/29/2026</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$50.00</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Collins</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Peter</b>                                                                                                                       |                                    | MI                                        | Contribution ID #<br><b>0021</b> |
| Residential Street Address<br><b>29 Newton St</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | City<br><b>Fairfield</b>                                                                                                                    |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06824</b>         |
| Principal Occupation<br><b>Owner/Operator</b>                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | Name of Employer<br><b>Seagrape Cafe</b>                                                                                                    |                                    |                                           |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br><b>05/30/2026</b> | Aggregate Contributions<br><b>\$10.00</b> | <b>\$10.00</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Lumaj</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>Peter</b>                                                                                                                       |                                    | MI                                        | Contribution ID #<br><b>0024</b> |
| Residential Street Address<br><b>745 Mill Plain Rd</b>                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | City<br><b>Fairfield</b>                                                                                                                    |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06824-0682</b>    |
| Principal Occupation<br><b>Attorney</b>                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | Name of Employer<br><b>Lumaj Law Office</b>                                                                                                 |                                    |                                           |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br><b>05/31/2026</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Christ</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Patricia</b>                                                                                                                    |                                    | MI                                         | Contribution ID #<br><b>0023</b> |
| Residential Street Address<br><b>103 Wood Acres Dr</b>                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | City<br><b>East Amherst</b>                                                                                                                 |                                    | State<br><b>NY</b>                         | Zip Code<br><b>14051</b>         |
| Principal Occupation<br><b>Retired</b>                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | Name of Employer<br><b>Retired</b>                                                                                                          |                                    |                                            |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br><b>05/31/2026</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                          |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------------------------------|----------------------------------|
| Last Name<br><b>Pizarro</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Daniel</b>                                                                                                                      |                                    | MI                                       | Contribution ID #<br><b>0022</b> |
| Residential Street Address<br><b>1491 Huntington Tpke</b>                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | City<br><b>Trumbull</b>                                                                                                                     |                                    | State<br><b>CT</b>                       | Zip Code<br><b>06611</b>         |
| Principal Occupation<br><b>Parking</b>                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | Name of Employer<br><b>City of Bridgeport</b>                                                                                               |                                    |                                          |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                   |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br><b>05/31/2026</b> | Aggregate Contributions<br><b>\$5.00</b> | <b>\$5.00</b>                    |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                          |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------------------------------|----------------------------------|
| Last Name<br><b>Kuhn</b>                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | First<br><b>John</b>                                                                                                                        |                                    | MI                                       | Contribution ID #<br><b>0026</b> |
| Residential Street Address<br><b>431 Knapps Hwy</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>Fairfield</b>                                                                                                                    |                                    | State<br><b>CT</b>                       | Zip Code<br><b>06825</b>         |
| Principal Occupation<br><b>Realtor</b>                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | Name of Employer<br><b>Keller Williams</b>                                                                                                  |                                    |                                          |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                   |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br><b>06/01/2026</b> | Aggregate Contributions<br><b>\$5.00</b> | <b>\$5.00</b>                    |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Farnen</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Brian</b>                                                                                                                       |                                    | MI                                        | Contribution ID #<br><b>0025</b> |
| Residential Street Address<br><b>394 Rowland Rd</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>Fairfield</b>                                                                                                                    |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06824</b>         |
| Principal Occupation<br><b>Attorney and Professor</b>                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | Name of Employer<br><b>CT Green Bank</b>                                                                                                    |                                    |                                           |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br><b>06/01/2026</b> | Aggregate Contributions<br><b>\$25.00</b> | <b>\$25.00</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Altobelli</b>                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | First<br><b>Elizabeth</b>                                                                                                                   |                                    | MI                                        | Contribution ID #<br><b>0029</b> |
| Residential Street Address<br><b>76 Country Rd</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | City<br><b>Fairfield</b>                                                                                                                    |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06824</b>         |
| Principal Occupation<br><b>Realtor</b>                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | Name of Employer<br><b>william raveis real estate</b>                                                                                       |                                    |                                           |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br><b>06/01/2026</b> | Aggregate Contributions<br><b>\$25.00</b> | <b>\$25.00</b>                   |

**I. MONETARY RECEIPTS (Section A-I)**

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Matthews</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | First<br><b>Sarah</b>                                                                                                                       |                                    | MI                                        | Contribution ID #<br><b>0028</b> |
| Residential Street Address<br><b>230 Penfield Rd</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br><b>Fairfield</b>                                                                                                                    |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06824-0682</b>    |
| Principal Occupation<br><b>Homemaker</b>                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | Name of Employer<br><b>Homemaker</b>                                                                                                        |                                    |                                           |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br><b>06/01/2026</b> | Aggregate Contributions<br><b>\$25.00</b> | <b>\$25.00</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Daly</b>                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | First<br><b>Helene</b>                                                                                                                      |                                    | MI                                        | Contribution ID #<br><b>0027</b> |
| Residential Street Address<br><b>48 Robson Pl</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | City<br><b>Fairfield</b>                                                                                                                    |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06824-0682</b>    |
| Principal Occupation<br><b>Realtor</b>                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | Name of Employer<br><b>Compass</b>                                                                                                          |                                    |                                           |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br><b>06/01/2026</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Iacono</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Pamela</b>                                                                                                                      |                                    | MI                                        | Contribution ID #<br><b>0032</b> |
| Residential Street Address<br><b>68 Phye Rd</b>                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | City<br><b>Fairfield</b>                                                                                                                    |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06824</b>         |
| Principal Occupation<br><b>Homemaker</b>                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | Name of Employer<br><b>Homemaker</b>                                                                                                        |                                    |                                           |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br><b>06/02/2026</b> | Aggregate Contributions<br><b>\$10.00</b> | <b>\$10.00</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Mirabile</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | First<br><b>Diane</b>                                                                                                                       |                                    | MI                                        | Contribution ID #<br><b>0031</b> |
| Residential Street Address<br><b>125 Sycamore Ln</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br><b>Fairfield</b>                                                                                                                    |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06824</b>         |
| Principal Occupation<br><b>Logistics Exec</b>                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | Name of Employer<br><b>Bold Move Logistics</b>                                                                                              |                                    |                                           |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br><b>06/02/2026</b> | Aggregate Contributions<br><b>\$15.00</b> | <b>\$5.00</b>                    |

**I. MONETARY RECEIPTS (Section A-I)**

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Mirabile</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | First<br><b>Nicholas</b>                                                                                                                    |                                    | MI                                        | Contribution ID #<br><b>0030</b> |
| Residential Street Address<br><b>125 Sycamore Ln</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br><b>Fairfield</b>                                                                                                                    |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06824</b>         |
| Principal Occupation<br><b>Logistics Exec</b>                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | Name of Employer<br><b>Bold Move Logistics</b>                                                                                              |                                    |                                           |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br><b>06/02/2026</b> | Aggregate Contributions<br><b>\$15.00</b> | <b>\$10.00</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Mackormack</b>                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                | First<br><b>Karen</b>                                                                                                                       |                                    | MI                                        | Contribution ID #<br><b>0033</b> |
| Residential Street Address<br><b>305 Winnepogee Dr</b>                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | City<br><b>Fairfield</b>                                                                                                                    |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06825</b>         |
| Principal Occupation<br><b>Attorney</b>                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | Name of Employer<br><b>Law Office of Karen A McCormack, LLC</b>                                                                             |                                    |                                           |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br><b>06/02/2026</b> | Aggregate Contributions<br><b>\$25.00</b> | <b>\$25.00</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                          |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------------------------------|----------------------------------|
| Last Name<br><b>Pifko</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>Joe</b>                                                                                                                         |                                    | MI                                       | Contribution ID #<br><b>0034</b> |
| Residential Street Address<br><b>158 Plymouth Ave</b>                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | City<br><b>Trumbull</b>                                                                                                                     |                                    | State<br><b>CT</b>                       | Zip Code<br><b>06611</b>         |
| Principal Occupation<br><b>Retired</b>                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | Name of Employer<br><b>Retired</b>                                                                                                          |                                    |                                          |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                   |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br><b>06/02/2026</b> | Aggregate Contributions<br><b>\$5.00</b> | <b>\$5.00</b>                    |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Wilms</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>Friedrich</b>                                                                                                                   |                                    | MI                                        | Contribution ID #<br><b>0035</b> |
| Residential Street Address<br><b>6 Westview Ln</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | City<br><b>Norwalk</b>                                                                                                                      |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06854</b>         |
| Principal Occupation<br><b>Commercial Banking</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | Name of Employer<br><b>Webster Bank</b>                                                                                                     |                                    |                                           |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br><b>06/03/2026</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

**I. MONETARY RECEIPTS (Section A-I)**

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                    |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>Harrison                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | First<br>Alexis                                                                                                                             |                             | MI                                 | Contribution ID #<br>0036 |
| Residential Street Address<br>99 Welch Ter                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | City<br>Fairfield                                                                                                                           |                             | State<br>CT                        | Zip Code<br>06824         |
| Principal Occupation<br>unemployed                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | Name of Employer<br>unemployed                                                                                                              |                             |                                    |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution             |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br>06/03/2026 | Aggregate Contributions<br>\$30.00 | \$30.00                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                    |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>Szablak                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | First<br>Judy                                                                                                                               |                             | MI                                 | Contribution ID #<br>0037 |
| Residential Street Address<br>309 Marlborough Ter                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | City<br>Fairfield                                                                                                                           |                             | State<br>CT                        | Zip Code<br>06824         |
| Principal Occupation<br>Realtor                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Name of Employer<br>Self Employed                                                                                                           |                             |                                    |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution             |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br>06/03/2026 | Aggregate Contributions<br>\$25.00 | \$25.00                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                    |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>Sarris                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | First<br>Susan                                                                                                                              |                             | MI                                 | Contribution ID #<br>0039 |
| Residential Street Address<br>601 White Plains Rd                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | City<br>Trumbull                                                                                                                            |                             | State<br>CT                        | Zip Code<br>06611         |
| Principal Occupation<br>Homemaker                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | Name of Employer<br>Homemaker                                                                                                               |                             |                                    |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution             |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br>06/04/2026 | Aggregate Contributions<br>\$50.00 | \$25.00                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                    |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>Sarris                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | First<br>George                                                                                                                             |                             | MI                                 | Contribution ID #<br>0038 |
| Residential Street Address<br>601 White Plains Rd                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | City<br>Trumbull                                                                                                                            |                             | State<br>CT                        | Zip Code<br>06611         |
| Principal Occupation<br>Self                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | Name of Employer<br>Author/Narrator /Spokesman                                                                                              |                             |                                    |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution             |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br>06/04/2026 | Aggregate Contributions<br>\$50.00 | \$25.00                   |

**I. MONETARY RECEIPTS (Section A-I)**

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Accettullo                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | First<br>Silvestro                                                                                                                          |                             | MI                                  | Contribution ID #<br>0042 |
| Residential Street Address<br>2815 Redding Rd                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | City<br>Fairfield                                                                                                                           |                             | State<br>CT                         | Zip Code<br>06824         |
| Principal Occupation<br>Finance Director                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | Name of Employer<br>NBC Universal                                                                                                           |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br>06/05/2026 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>McCloat                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | First<br>Meghan                                                                                                                             |                             | MI                                  | Contribution ID #<br>0041 |
| Residential Street Address<br>2815 Redding Rd                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | City<br>Fairfield                                                                                                                           |                             | State<br>CT                         | Zip Code<br>06824         |
| Principal Occupation<br>Deputy Director of Labor Relations                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | Name of Employer<br>City of Bridgeport                                                                                                      |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br>06/05/2026 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                    |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>Meyers                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | First<br>Jim                                                                                                                                |                             | MI                                 | Contribution ID #<br>0040 |
| Residential Street Address<br>25 Lawrence Rd                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | City<br>Fairfield                                                                                                                           |                             | State<br>CT                        | Zip Code<br>06824         |
| Principal Occupation<br>CFO                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | Name of Employer<br>Horizon Paper Co                                                                                                        |                             |                                    |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution             |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br>06/05/2026 | Aggregate Contributions<br>\$50.00 | \$50.00                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Niewinski                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | First<br>Michael                                                                                                                            |                             | MI                                  | Contribution ID #<br>0044 |
| Residential Street Address<br>197 Catherine Ln                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                | City<br>Manahawkin                                                                                                                          |                             | State<br>NJ                         | Zip Code<br>08050         |
| Principal Occupation<br>Law Enforcement                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | Name of Employer<br>City of Elizabeth                                                                                                       |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br>06/06/2026 | Aggregate Contributions<br>\$340.00 | \$340.00                  |

**I. MONETARY RECEIPTS (Section A-I)**

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Braun</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>Kathryn</b>                                                                                                                     |                                    | MI                                        | Contribution ID #<br><b>0043</b> |
| Residential Street Address<br><b>245 Sunnyside Ave</b>                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | City<br><b>Fairfield</b>                                                                                                                    |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06824</b>         |
| Principal Occupation<br><b>Lawyer</b>                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | Name of Employer<br><b>Kathryn L Braun Attorney at Law</b>                                                                                  |                                    |                                           |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br><b>06/06/2026</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Roth</b>                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | First<br><b>Barbara</b>                                                                                                                     |                                    | MI                                         | Contribution ID #<br><b>0045</b> |
| Residential Street Address<br><b>182 Southport Woods Dr</b>                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | City<br><b>Southport</b>                                                                                                                    |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06890</b>         |
| Principal Occupation<br><b>Retired</b>                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | Name of Employer<br><b>Retired</b>                                                                                                          |                                    |                                            |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br><b>06/08/2026</b> | Aggregate Contributions<br><b>\$240.00</b> | <b>\$240.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Cirino</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Michele</b>                                                                                                                     |                                    | MI                                        | Contribution ID #<br><b>0046</b> |
| Residential Street Address<br><b>126 Southport Woods Dr</b>                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | City<br><b>Southport</b>                                                                                                                    |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06890</b>         |
| Principal Occupation<br><b>Retired</b>                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | Name of Employer<br><b>Retired</b>                                                                                                          |                                    |                                           |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br><b>06/09/2026</b> | Aggregate Contributions<br><b>\$25.00</b> | <b>\$25.00</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Murphy</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Philip</b>                                                                                                                      |                                    | MI                                         | Contribution ID #<br><b>0047</b> |
| Residential Street Address<br><b>162 Southport Woods Dr</b>                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | City<br><b>Southport</b>                                                                                                                    |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06890</b>         |
| Principal Occupation<br><b>Retired</b>                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | Name of Employer<br><b>Retired</b>                                                                                                          |                                    |                                            |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br><b>06/10/2026</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Wood                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | First<br>Cortney                                                                                                                            |                             | MI                                  | Contribution ID #<br>0048 |
| Residential Street Address<br>119 Mountain Wood Rd                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | City<br>Stamford                                                                                                                            |                             | State<br>CT                         | Zip Code<br>06903         |
| Principal Occupation<br>Homemaker                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | Name of Employer<br>Homemaker                                                                                                               |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br>06/11/2026 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                    |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>Chiota                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | First<br>Diane                                                                                                                              |                             | MI                                 | Contribution ID #<br>0049 |
| Residential Street Address<br>35 Iron Gate Rd                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | City<br>Trumbull                                                                                                                            |                             | State<br>CT                        | Zip Code<br>06611-0689    |
| Principal Occupation<br>Retired                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Name of Employer<br>Retired                                                                                                                 |                             |                                    |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution             |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br>06/12/2026 | Aggregate Contributions<br>\$50.00 | \$50.00                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Martinez                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | First<br>Robert                                                                                                                             |                             | MI                                  | Contribution ID #<br>0050 |
| Residential Street Address<br>30 Ski Hill Dr                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | City<br>Bedminster                                                                                                                          |                             | State<br>NJ                         | Zip Code<br>07921         |
| Principal Occupation<br>Sales Management                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | Name of Employer<br>Arrow Electronics                                                                                                       |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br>06/14/2026 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                   |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------------|---------------------------|
| Last Name<br>Laplane                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | First<br>Benjamin                                                                                                                           |                             | MI                                | Contribution ID #<br>0051 |
| Residential Street Address<br>9 Macarthur Rd                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | City<br>Trumbull                                                                                                                            |                             | State<br>CT                       | Zip Code<br>06611         |
| Principal Occupation<br>Quality Assurance - Fraud                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | Name of Employer<br>USAA                                                                                                                    |                             |                                   |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution            |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br>06/15/2026 | Aggregate Contributions<br>\$5.00 | \$5.00                    |

**I. MONETARY RECEIPTS (Section A-I)**

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Eiland                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | First<br>Alexis                                                                                                                             |                             | MI                                  | Contribution ID #<br>0052 |
| Residential Street Address<br>686 Cain Dr                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | City<br>Mount Pleasant                                                                                                                      |                             | State<br>SC                         | Zip Code<br>29464         |
| Principal Occupation<br>Tutor                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | Name of Employer<br>Self                                                                                                                    |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br>06/16/2026 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                   |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------------|---------------------------|
| Last Name<br>Luvara                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | First<br>Raymond                                                                                                                            |                             | MI                                | Contribution ID #<br>0053 |
| Residential Street Address<br>14 Norwood Ter                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | City<br>Trumbull                                                                                                                            |                             | State<br>CT                       | Zip Code<br>06611         |
| Principal Occupation<br>Unemployed                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | Name of Employer<br>Unemployed                                                                                                              |                             |                                   |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution            |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br>06/17/2026 | Aggregate Contributions<br>\$5.00 | \$5.00                    |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Turner                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | First<br>Carol                                                                                                                              |                             | MI                                  | Contribution ID #<br>0054 |
| Residential Street Address<br>13 Woodcock Ln                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | City<br>Westport                                                                                                                            |                             | State<br>CT                         | Zip Code<br>06880         |
| Principal Occupation<br>Nurse                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | Name of Employer<br>Roller Bearings Corporation of America                                                                                  |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br>06/17/2026 | Aggregate Contributions<br>\$150.00 | \$150.00                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Albert                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | First<br>Michael                                                                                                                            |                             | MI                                  | Contribution ID #<br>0055 |
| Residential Street Address<br>87 Pleasant Cir                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | City<br>Canton                                                                                                                              |                             | State<br>MA                         | Zip Code<br>02021         |
| Principal Occupation<br>VP, Managing Director                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | Name of Employer<br>Fidelity Investments                                                                                                    |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br>06/17/2026 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

**I. MONETARY RECEIPTS (Section A-I)**

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                   |                                                                                                                                                                                                    |                                                                                                                                            |                             |                                                                                                                                             |                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Colburn                                                                                                                                                                                                                              |                                                                                                                                                                                                    | First<br>Collin                                                                                                                            |                             | MI<br>E                                                                                                                                     | Contribution ID #<br>0056         |
| Residential Street Address<br>139 Old Barn Rd                                                                                                                                                                                                     |                                                                                                                                                                                                    | City<br>Fairfield                                                                                                                          |                             | State<br>CT                                                                                                                                 | Zip Code<br>06824                 |
| Principal Occupation<br>VP, Commerce                                                                                                                                                                                                              |                                                                                                                                                                                                    | Name of Employer<br>Interactive Advertising Bureau                                                                                         |                             |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                          | Method of contribution:<br><br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |                                                                                                                                            | Date Received<br>06/18/2026 | Aggregate Contributions<br>\$25.00                                                                                                          | Amount of Contribution<br>\$25.00 |

|                                                                                                                                                                                                                                                   |                                                                                                                                                                                                    |                                                                                                                                            |                             |                                                                                                                                             |                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Kupchick                                                                                                                                                                                                                             |                                                                                                                                                                                                    | First<br>Brenda                                                                                                                            |                             | MI                                                                                                                                          | Contribution ID #<br>0057         |
| Residential Street Address<br>213 Farist Rd                                                                                                                                                                                                       |                                                                                                                                                                                                    | City<br>Fairfield                                                                                                                          |                             | State<br>CT                                                                                                                                 | Zip Code<br>06825                 |
| Principal Occupation<br>Retired                                                                                                                                                                                                                   |                                                                                                                                                                                                    | Name of Employer<br>Retired                                                                                                                |                             |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                          | Method of contribution:<br><br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |                                                                                                                                            | Date Received<br>06/18/2026 | Aggregate Contributions<br>\$10.00                                                                                                          | Amount of Contribution<br>\$10.00 |

|                                                                                                                                                                                                                                                   |                                                                                                                                                                                                    |                                                                                                                                            |                             |                                                                                                                                             |                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| Last Name<br>Roth                                                                                                                                                                                                                                 |                                                                                                                                                                                                    | First<br>Barbara                                                                                                                           |                             | MI                                                                                                                                          | Contribution ID #<br>0058          |
| Residential Street Address<br>182 Southport Woods Dr                                                                                                                                                                                              |                                                                                                                                                                                                    | City<br>Southport                                                                                                                          |                             | State<br>CT                                                                                                                                 | Zip Code<br>06890-0689             |
| Principal Occupation<br>Retired                                                                                                                                                                                                                   |                                                                                                                                                                                                    | Name of Employer<br>Retired                                                                                                                |                             |                                                                                                                                             |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br><br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                          | Method of contribution:<br><br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |                                                                                                                                            | Date Received<br>06/20/2026 | Aggregate Contributions<br>\$100.00                                                                                                         | Amount of Contribution<br>\$100.00 |

|                                                                                                                                                                                                                                                   |                                                                                                                                                                                                    |                                                                                                                                            |                             |                                                                                                                                             |                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Toothill                                                                                                                                                                                                                             |                                                                                                                                                                                                    | First<br>Charles                                                                                                                           |                             | MI                                                                                                                                          | Contribution ID #<br>0059         |
| Residential Street Address<br>478 Edison Rd                                                                                                                                                                                                       |                                                                                                                                                                                                    | City<br>Trumbull                                                                                                                           |                             | State<br>CT                                                                                                                                 | Zip Code<br>06890-0689            |
| Principal Occupation<br>Retired                                                                                                                                                                                                                   |                                                                                                                                                                                                    | Name of Employer<br>Retired                                                                                                                |                             |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                          | Method of contribution:<br><br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |                                                                                                                                            | Date Received<br>06/21/2026 | Aggregate Contributions<br>\$25.00                                                                                                          | Amount of Contribution<br>\$25.00 |

**I. MONETARY RECEIPTS (Section A-I)**

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                          |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------------------------------|----------------------------------|
| Last Name<br><b>Sciarra</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Philip</b>                                                                                                                      |                                    | MI                                       | Contribution ID #<br><b>0062</b> |
| Residential Street Address<br><b>101 Woolsley Ave</b>                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | City<br><b>Trumbull</b>                                                                                                                     |                                    | State<br><b>CT</b>                       | Zip Code<br><b>06611</b>         |
| Principal Occupation<br><b>Manager</b>                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | Name of Employer<br><b>Lyric</b>                                                                                                            |                                    |                                          |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                   |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br><b>06/23/2026</b> | Aggregate Contributions<br><b>\$5.00</b> | <b>\$5.00</b>                    |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Llewellyn</b>                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | First<br><b>Shelley</b>                                                                                                                     |                                    | MI                                        | Contribution ID #<br><b>0061</b> |
| Residential Street Address<br><b>320 Morehouse Dr</b>                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | City<br><b>Fairfield</b>                                                                                                                    |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06825</b>         |
| Principal Occupation<br><b>Retired</b>                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | Name of Employer<br><b>Retired</b>                                                                                                          |                                    |                                           |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br><b>06/23/2026</b> | Aggregate Contributions<br><b>\$10.00</b> | <b>\$10.00</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Llewellyn</b>                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | First<br><b>Bill</b>                                                                                                                        |                                    | MI                                        | Contribution ID #<br><b>0060</b> |
| Residential Street Address<br><b>320 Morehouse Dr</b>                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | City<br><b>Fairfield</b>                                                                                                                    |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06825</b>         |
| Principal Occupation<br><b>Retired</b>                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | Name of Employer<br><b>Retired</b>                                                                                                          |                                    |                                           |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br><b>06/23/2026</b> | Aggregate Contributions<br><b>\$25.00</b> | <b>\$25.00</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Messenger</b>                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | First<br><b>Maris</b>                                                                                                                       |                                    | MI                                         | Contribution ID #<br><b>0065</b> |
| Residential Street Address<br><b>184 Southport Woods Dr</b>                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | City<br><b>Southport</b>                                                                                                                    |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06890</b>         |
| Principal Occupation<br><b>Retired</b>                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | Name of Employer<br><b>Retired</b>                                                                                                          |                                    |                                            |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br><b>06/24/2026</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Bryk</b>                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | First<br><b>Laura</b>                                                                                                                       |                                    | MI                                        | Contribution ID #<br><b>0064</b> |
| Residential Street Address<br><b>83 Southport Woods Dr</b>                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | City<br><b>Southport</b>                                                                                                                    |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06890</b>         |
| Principal Occupation<br><b>Retired</b>                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | Name of Employer<br><b>Retired</b>                                                                                                          |                                    |                                           |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br><b>06/24/2026</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Browne</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Elizabeth</b>                                                                                                                   |                                    | MI                                        | Contribution ID #<br><b>0063</b> |
| Residential Street Address<br><b>200 Edgewood Rd</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br><b>Fairfield</b>                                                                                                                    |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06825</b>         |
| Principal Occupation<br><b>Town Clerk</b>                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | Name of Employer<br><b>Town of Fairfield</b>                                                                                                |                                    |                                           |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br><b>06/24/2026</b> | Aggregate Contributions<br><b>\$25.00</b> | <b>\$25.00</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                          |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------------------------------|----------------------------------|
| Last Name<br><b>Pettinella</b>                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                | First<br><b>Luciano</b>                                                                                                                     |                                    | MI                                       | Contribution ID #<br><b>0088</b> |
| Residential Street Address<br><b>69 Church Hill Rd</b>                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | City<br><b>Trumbull</b>                                                                                                                     |                                    | State<br><b>CT</b>                       | Zip Code<br><b>06611</b>         |
| Principal Occupation<br><b>Foreman</b>                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | Name of Employer<br><b>Croces Transmissions</b>                                                                                             |                                    |                                          |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                   |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br><b>06/24/2026</b> | Aggregate Contributions<br><b>\$5.00</b> | <b>\$5.00</b>                    |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                          |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------------------------------|----------------------------------|
| Last Name<br><b>Pettinella</b>                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                | First<br><b>Christopher</b>                                                                                                                 |                                    | MI                                       | Contribution ID #<br><b>0087</b> |
| Residential Street Address<br><b>69 Church Hill Rd</b>                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | City<br><b>Trumbull</b>                                                                                                                     |                                    | State<br><b>CT</b>                       | Zip Code<br><b>06611</b>         |
| Principal Occupation<br><b>Ct Landscaping</b>                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | Name of Employer<br><b>Self</b>                                                                                                             |                                    |                                          |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                   |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br><b>06/24/2026</b> | Aggregate Contributions<br><b>\$5.00</b> | <b>\$5.00</b>                    |

**I. MONETARY RECEIPTS (Section A-I)**

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                   |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------------|---------------------------|
| Last Name<br>Graboski                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | First<br>Anthony                                                                                                                            |                             | MI                                | Contribution ID #<br>0086 |
| Residential Street Address<br>12 Pinehurst St                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | City<br>Trumbull                                                                                                                            |                             | State<br>CT                       | Zip Code<br>06611         |
| Principal Occupation<br>Retired                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Name of Employer<br>Retired                                                                                                                 |                             |                                   |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution            |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br>06/24/2026 | Aggregate Contributions<br>\$5.00 | \$5.00                    |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                    |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>Weissman                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | First<br>Gail                                                                                                                               |                             | MI                                 | Contribution ID #<br>0085 |
| Residential Street Address<br>34 Southport Woods Dr                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br>Southport                                                                                                                           |                             | State<br>CT                        | Zip Code<br>06890         |
| Principal Occupation<br>Retired                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Name of Employer<br>Retired                                                                                                                 |                             |                                    |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution             |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br>06/24/2026 | Aggregate Contributions<br>\$25.00 | \$25.00                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                    |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>Murphy                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | First<br>Scott                                                                                                                              |                             | MI                                 | Contribution ID #<br>0084 |
| Residential Street Address<br>136 Southport Woods Dr                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br>Southport                                                                                                                           |                             | State<br>CT                        | Zip Code<br>06890         |
| Principal Occupation<br>Retired                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Name of Employer<br>Retired                                                                                                                 |                             |                                    |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution             |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br>06/24/2026 | Aggregate Contributions<br>\$20.00 | \$20.00                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                    |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>Cacchione                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | First<br>Robert                                                                                                                             |                             | MI                                 | Contribution ID #<br>0083 |
| Residential Street Address<br>208 Southport Woods Dr                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br>Southport                                                                                                                           |                             | State<br>CT                        | Zip Code<br>06890         |
| Principal Occupation<br>Retired                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Name of Employer<br>Retired                                                                                                                 |                             |                                    |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution             |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br>06/24/2026 | Aggregate Contributions<br>\$20.00 | \$20.00                   |

**I. MONETARY RECEIPTS (Section A-I)**

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Larocca</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Lorraine</b>                                                                                                                    |                                    | MI                                        | Contribution ID #<br><b>0082</b> |
| Residential Street Address<br><b>4841 Madison Ave</b>                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | City<br><b>Trumbull</b>                                                                                                                     |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06611</b>         |
| Principal Occupation<br><b>Legal Asst</b>                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | Name of Employer<br><b>Green&amp; Gross PC</b>                                                                                              |                                    |                                           |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br><b>06/24/2026</b> | Aggregate Contributions<br><b>\$20.00</b> | <b>\$20.00</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Croll</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>Richard</b>                                                                                                                     |                                    | MI<br><b>H</b>                            | Contribution ID #<br><b>0081</b> |
| Residential Street Address<br><b>34 Wood Ave</b>                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | City<br><b>Trumbull</b>                                                                                                                     |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06611</b>         |
| Principal Occupation<br><b>Retired</b>                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | Name of Employer<br><b>Retired</b>                                                                                                          |                                    |                                           |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br><b>06/24/2026</b> | Aggregate Contributions<br><b>\$20.00</b> | <b>\$20.00</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Coca</b>                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | First<br><b>George</b>                                                                                                                      |                                    | MI                                        | Contribution ID #<br><b>0080</b> |
| Residential Street Address<br><b>20 Golfview Ter</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br><b>Fairfield</b>                                                                                                                    |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06825</b>         |
| Principal Occupation<br><b>Priest</b>                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | Name of Employer<br><b>Greek Orthodox Church</b>                                                                                            |                                    |                                           |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br><b>06/24/2026</b> | Aggregate Contributions<br><b>\$10.00</b> | <b>\$10.00</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Rutigliano</b>                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                | First<br><b>Michele</b>                                                                                                                     |                                    | MI                                        | Contribution ID #<br><b>0079</b> |
| Residential Street Address<br><b>52 Stemway Rd</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | City<br><b>Trumbull</b>                                                                                                                     |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06611</b>         |
| Principal Occupation<br><b>Para Educator</b>                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | Name of Employer<br><b>TBOE</b>                                                                                                             |                                    |                                           |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br><b>06/24/2026</b> | Aggregate Contributions<br><b>\$10.00</b> | <b>\$10.00</b>                   |

**I. MONETARY RECEIPTS (Section A-I)**

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                    |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>Carfagno                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | First<br>Anne                                                                                                                               |                             | MI                                 | Contribution ID #<br>0078 |
| Residential Street Address<br>78 Southport Woods Dr                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br>Southport                                                                                                                           |                             | State<br>CT                        | Zip Code<br>06890         |
| Principal Occupation<br>Retired                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Name of Employer<br>Retired                                                                                                                 |                             |                                    |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution             |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br>06/24/2026 | Aggregate Contributions<br>\$50.00 | \$50.00                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                    |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>Gagnon                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | First<br>Donna                                                                                                                              |                             | MI                                 | Contribution ID #<br>0077 |
| Residential Street Address<br>210 Southport Woods Dr                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br>Southport                                                                                                                           |                             | State<br>CT                        | Zip Code<br>06890         |
| Principal Occupation<br>Retired                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Name of Employer<br>Retired                                                                                                                 |                             |                                    |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution             |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br>06/24/2026 | Aggregate Contributions<br>\$10.00 | \$10.00                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Luglio                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | First<br>Barabara                                                                                                                           |                             | MI<br>A                             | Contribution ID #<br>0076 |
| Residential Street Address<br>120 Southport Woods Dr                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br>Southport                                                                                                                           |                             | State<br>CT                         | Zip Code<br>06890         |
| Principal Occupation<br>Retired                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Name of Employer<br>Retired                                                                                                                 |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br>06/24/2026 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                    |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>Muskus                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | First<br>JoAnne                                                                                                                             |                             | MI                                 | Contribution ID #<br>0075 |
| Residential Street Address<br>30 Southport Pl                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | City<br>Southport                                                                                                                           |                             | State<br>CT                        | Zip Code<br>06890         |
| Principal Occupation<br>Retired                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Name of Employer<br>Retired                                                                                                                 |                             |                                    |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution             |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br>06/24/2026 | Aggregate Contributions<br>\$10.00 | \$10.00                   |

**I. MONETARY RECEIPTS (Section A-I)**

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Candee</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Bonnie</b>                                                                                                                      |                                    | MI<br><b>A</b>                            | Contribution ID #<br><b>0074</b> |
| Residential Street Address<br><b>84 Southport Woods Dr</b>                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | City<br><b>Southport</b>                                                                                                                    |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06890</b>         |
| Principal Occupation<br><b>Retired</b>                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | Name of Employer<br><b>Retired</b>                                                                                                          |                                    |                                           |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br><b>06/24/2026</b> | Aggregate Contributions<br><b>\$20.00</b> | <b>\$20.00</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Gladden</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Mary</b>                                                                                                                        |                                    | MI<br><b>CT</b>                           | Contribution ID #<br><b>0073</b> |
| Residential Street Address<br><b>196 Southport Woods Dr</b>                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | City<br><b>Southport</b>                                                                                                                    |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06890</b>         |
| Principal Occupation<br><b>Retired</b>                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | Name of Employer<br><b>Retired</b>                                                                                                          |                                    |                                           |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br><b>06/24/2026</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Brown</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>Theresa</b>                                                                                                                     |                                    | MI<br><b>CT</b>                           | Contribution ID #<br><b>0072</b> |
| Residential Street Address<br><b>2 Southport Woods Dr</b>                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | City<br><b>Southport</b>                                                                                                                    |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06890</b>         |
| Principal Occupation<br><b>Labor Relations Officer</b>                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | Name of Employer<br><b>City of Bridgeport</b>                                                                                               |                                    |                                           |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br><b>06/24/2026</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Billings</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | First<br><b>Margaret</b>                                                                                                                    |                                    | MI<br><b>CT</b>                            | Contribution ID #<br><b>0071</b> |
| Residential Street Address<br><b>82 Southport Woods Dr</b>                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | City<br><b>Southport</b>                                                                                                                    |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06890</b>         |
| Principal Occupation<br><b>Retired</b>                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | Name of Employer<br><b>Retired</b>                                                                                                          |                                    |                                            |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br><b>06/24/2026</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Kraemer</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Diane</b>                                                                                                                       |                                    | MI                                         | Contribution ID #<br><b>0070</b> |
| Residential Street Address<br><b>28 Perry St</b>                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | City<br><b>Fairfield</b>                                                                                                                    |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06824</b>         |
| Principal Occupation<br><b>Retired</b>                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | Name of Employer<br><b>Retired</b>                                                                                                          |                                    |                                            |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br><b>06/24/2026</b> | Aggregate Contributions<br><b>\$150.00</b> | <b>\$150.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Powers</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Ellen</b>                                                                                                                       |                                    | MI                                         | Contribution ID #<br><b>0069</b> |
| Residential Street Address<br><b>94 Southport Woods Dr</b>                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | City<br><b>Southport</b>                                                                                                                    |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06890</b>         |
| Principal Occupation<br><b>Retired</b>                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | Name of Employer<br><b>Retired</b>                                                                                                          |                                    |                                            |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br><b>06/24/2026</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Pandolfi</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | First<br><b>NancyAnne</b>                                                                                                                   |                                    | MI                                        | Contribution ID #<br><b>0068</b> |
| Residential Street Address<br><b>85 Southport Woods Dr</b>                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | City<br><b>Southport</b>                                                                                                                    |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06890</b>         |
| Principal Occupation<br><b>Retired</b>                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | Name of Employer<br><b>Retired</b>                                                                                                          |                                    |                                           |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br><b>06/24/2026</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Bognini</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Dolores</b>                                                                                                                     |                                    | MI                                         | Contribution ID #<br><b>0067</b> |
| Residential Street Address<br><b>114 Southport Woods Dr</b>                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | City<br><b>Southport</b>                                                                                                                    |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06890</b>         |
| Principal Occupation<br><b>Retired</b>                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | Name of Employer<br><b>Retired</b>                                                                                                          |                                    |                                            |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br><b>06/24/2026</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Becker</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Alice</b>                                                                                                                       |                                    | MI                                        | Contribution ID #<br><b>0066</b> |
| Residential Street Address<br><b>98 Southport Woods Dr</b>                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | City<br><b>Southport</b>                                                                                                                    |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06890</b>         |
| Principal Occupation<br><b>Retired</b>                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | Name of Employer<br><b>Retired</b>                                                                                                          |                                    |                                           |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br><b>06/24/2026</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Miro</b>                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | First<br><b>Julianna</b>                                                                                                                    |                                    | MI<br><b>L</b>                            | Contribution ID #<br><b>0096</b> |
| Residential Street Address<br><b>16 Louvain St</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | City<br><b>Fairfield</b>                                                                                                                    |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06825</b>         |
| Principal Occupation<br><b>Unemployed</b>                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | Name of Employer<br><b>Unemployed</b>                                                                                                       |                                    |                                           |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br><b>06/24/2026</b> | Aggregate Contributions<br><b>\$10.00</b> | <b>\$5.00</b>                    |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Miro</b>                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | First<br><b>Lisa</b>                                                                                                                        |                                    | MI                                        | Contribution ID #<br><b>0095</b> |
| Residential Street Address<br><b>16 Louvain St</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | City<br><b>Fairfield</b>                                                                                                                    |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06825</b>         |
| Principal Occupation<br><b>Registrar Clerk</b>                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                | Name of Employer<br><b>City of Shelton</b>                                                                                                  |                                    |                                           |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br><b>06/24/2026</b> | Aggregate Contributions<br><b>\$10.00</b> | <b>\$5.00</b>                    |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                          |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------------------------------|----------------------------------|
| Last Name<br><b>Luvara</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Raymond</b>                                                                                                                     |                                    | MI                                       | Contribution ID #<br><b>0094</b> |
| Residential Street Address<br><b>14 Norwood Ter</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>Trumbull</b>                                                                                                                     |                                    | State<br><b>CT</b>                       | Zip Code<br><b>06611</b>         |
| Principal Occupation<br><b>Unemployed</b>                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | Name of Employer<br><b>Unemployed</b>                                                                                                       |                                    |                                          |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                   |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br><b>06/24/2026</b> | Aggregate Contributions<br><b>\$5.00</b> | <b>\$5.00</b>                    |

**I. MONETARY RECEIPTS (Section A-I)**

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                   |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------------|---------------------------|
| Last Name<br>Norcel                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | First<br>Jacqueline                                                                                                                         |                             | MI                                | Contribution ID #<br>0093 |
| Residential Street Address<br>5240 Madison Ave                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                | City<br>Trumbull                                                                                                                            |                             | State<br>CT                       | Zip Code<br>06611         |
| Principal Occupation<br>Retired                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Name of Employer<br>Retired                                                                                                                 |                             |                                   |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution            |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br>06/24/2026 | Aggregate Contributions<br>\$5.00 | \$5.00                    |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                   |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------------|---------------------------|
| Last Name<br>Scinto                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | First<br>Tony                                                                                                                               |                             | MI                                | Contribution ID #<br>0092 |
| Residential Street Address<br>32 Lindberg Dr                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | City<br>Trumbull                                                                                                                            |                             | State<br>CT                       | Zip Code<br>06611         |
| Principal Occupation<br>Rep                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | Name of Employer<br>Verizon                                                                                                                 |                             |                                   |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution            |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br>06/24/2026 | Aggregate Contributions<br>\$5.00 | \$5.00                    |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                   |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------------|---------------------------|
| Last Name<br>Reynolds                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | First<br>Susan                                                                                                                              |                             | MI                                | Contribution ID #<br>0091 |
| Residential Street Address<br>4943 Madison Ave                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                | City<br>Trumbull                                                                                                                            |                             | State<br>CT                       | Zip Code<br>06611         |
| Principal Occupation<br>Asst Reg.                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | Name of Employer<br>Town of Trumbull                                                                                                        |                             |                                   |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution            |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br>06/24/2026 | Aggregate Contributions<br>\$5.00 | \$5.00                    |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                   |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------------|---------------------------|
| Last Name<br>Lenzen                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | First<br>Christopher                                                                                                                        |                             | MI                                | Contribution ID #<br>0090 |
| Residential Street Address<br>129 Fresh Meadow Dr                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | City<br>Trumbull                                                                                                                            |                             | State<br>CT                       | Zip Code<br>06611         |
| Principal Occupation<br>Controller                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | Name of Employer<br>Levrel Rock                                                                                                             |                             |                                   |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution            |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br>06/24/2026 | Aggregate Contributions<br>\$5.00 | \$5.00                    |

**I. MONETARY RECEIPTS (Section A-I)**

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                   |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------------|---------------------------|
| Last Name<br>Kelly                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | First<br>Arlene                                                                                                                             |                             | MI                                | Contribution ID #<br>0089 |
| Residential Street Address<br>69 Church Hill Rd                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | City<br>Trumbull                                                                                                                            |                             | State<br>CT                       | Zip Code<br>06611         |
| Principal Occupation<br>Receptionist                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | Name of Employer<br>Bad Fuel                                                                                                                |                             |                                   |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution            |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br>06/24/2026 | Aggregate Contributions<br>\$5.00 | \$5.00                    |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                    |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>Miro                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | First<br>Lisa                                                                                                                               |                             | MI                                 | Contribution ID #<br>0097 |
| Residential Street Address<br>16 Louvain St                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | City<br>Fairfield                                                                                                                           |                             | State<br>CT                        | Zip Code<br>06825         |
| Principal Occupation<br>Registrar of Vitals                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | Name of Employer<br>City of Shelton                                                                                                         |                             |                                    |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution             |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br>06/25/2026 | Aggregate Contributions<br>\$20.00 | \$20.00                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                    |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>Sarris                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | First<br>Katherine                                                                                                                          |                             | MI                                 | Contribution ID #<br>0098 |
| Residential Street Address<br>601 White Plains Rd                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | City<br>Trumbull                                                                                                                            |                             | State<br>CT                        | Zip Code<br>06611         |
| Principal Occupation<br>Performing Artist & Educator                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | Name of Employer<br>Self - Katherine Sarris                                                                                                 |                             |                                    |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution             |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br>06/27/2026 | Aggregate Contributions<br>\$20.00 | \$20.00                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Britton                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | First<br>Peter                                                                                                                              |                             | MI                                  | Contribution ID #<br>0099 |
| Residential Street Address<br>1301 Mill Hill Rd                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | City<br>Fairfield                                                                                                                           |                             | State<br>CT                         | Zip Code<br>06890         |
| Principal Occupation<br>Retired                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Name of Employer<br>Retired                                                                                                                 |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br>06/28/2026 | Aggregate Contributions<br>\$120.00 | \$20.00                   |

**I. MONETARY RECEIPTS (Section A-I)**

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Wright</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Jeffrey</b>                                                                                                                     |                                    | MI                                        | Contribution ID #<br><b>0105</b> |
| Residential Street Address<br><b>1925 Huntington Tpke</b>                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | City<br><b>Trumbull</b>                                                                                                                     |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06611</b>         |
| Principal Occupation<br><b>Contractor</b>                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | Name of Employer<br><b>J.A. Wright &amp; Co.</b>                                                                                            |                                    |                                           |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br><b>06/29/2026</b> | Aggregate Contributions<br><b>\$20.00</b> | <b>\$20.00</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                          |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------------------------------|----------------------------------|
| Last Name<br><b>Block</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>Mark</b>                                                                                                                        |                                    | MI                                       | Contribution ID #<br><b>0104</b> |
| Residential Street Address<br><b>60 Ridgeview Ave</b>                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | City<br><b>Trumbull</b>                                                                                                                     |                                    | State<br><b>CT</b>                       | Zip Code<br><b>06611</b>         |
| Principal Occupation<br><b>Retired</b>                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | Name of Employer<br><b>Retired</b>                                                                                                          |                                    |                                          |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                   |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br><b>06/29/2026</b> | Aggregate Contributions<br><b>\$5.00</b> | <b>\$5.00</b>                    |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Campbell</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | First<br><b>Deirdre</b>                                                                                                                     |                                    | MI                                        | Contribution ID #<br><b>0103</b> |
| Residential Street Address<br><b>541 Judd St</b>                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | City<br><b>Fairfield</b>                                                                                                                    |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06824</b>         |
| Principal Occupation<br><b>Retired</b>                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | Name of Employer<br><b>Retired</b>                                                                                                          |                                    |                                           |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br><b>06/29/2026</b> | Aggregate Contributions<br><b>\$20.00</b> | <b>\$20.00</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Jain</b>                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | First<br><b>Neal</b>                                                                                                                        |                                    | MI                                        | Contribution ID #<br><b>0102</b> |
| Residential Street Address<br><b>95 Sawyer Rd</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | City<br><b>Fairfield</b>                                                                                                                    |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06824</b>         |
| Principal Occupation<br><b>Civil Engineer</b>                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | Name of Employer<br><b>Land surveying services</b>                                                                                          |                                    |                                           |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br><b>06/29/2026</b> | Aggregate Contributions<br><b>\$20.00</b> | <b>\$20.00</b>                   |

**I. MONETARY RECEIPTS (Section A-I)**

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Giacobbe</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | First<br><b>Michelle</b>                                                                                                                    |                                    | MI                                        | Contribution ID #<br><b>0101</b> |
| Residential Street Address<br><b>95 Sawyer Rd</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | City<br><b>Fairfield</b>                                                                                                                    |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06824</b>         |
| Principal Occupation<br><b>Retired</b>                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | Name of Employer<br><b>Retired</b>                                                                                                          |                                    |                                           |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br><b>06/29/2026</b> | Aggregate Contributions<br><b>\$20.00</b> | <b>\$20.00</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Robb</b>                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | First<br><b>Dennis</b>                                                                                                                      |                                    | MI                                        | Contribution ID #<br><b>0100</b> |
| Residential Street Address<br><b>131 Nonopoge Rd</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br><b>Fairfield</b>                                                                                                                    |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06825</b>         |
| Principal Occupation<br><b>Contractor</b>                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | Name of Employer<br><b>Premier Energy</b>                                                                                                   |                                    |                                           |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br><b>06/29/2026</b> | Aggregate Contributions<br><b>\$20.00</b> | <b>\$20.00</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>MacGuffie</b>                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | First<br><b>Robert</b>                                                                                                                      |                                    | MI                                         | Contribution ID #<br><b>0106</b> |
| Residential Street Address<br><b>144 Mayweed Rd</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>Fairfield</b>                                                                                                                    |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06824</b>         |
| Principal Occupation<br><b>Insurance Agent</b>                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                | Name of Employer<br><b>Evergreen Insurance, LLC</b>                                                                                         |                                    |                                            |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br><b>06/30/2026</b> | Aggregate Contributions<br><b>\$150.00</b> | <b>\$30.00</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Devlin</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Laura</b>                                                                                                                       |                                    | MI                                        | Contribution ID #<br><b>0116</b> |
| Residential Street Address<br><b>85 Brett Ln</b>                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | City<br><b>Fairfield</b>                                                                                                                    |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06824</b>         |
| Principal Occupation<br><b>Retired</b>                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | Name of Employer<br><b>Retired</b>                                                                                                          |                                    |                                           |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br><b>06/30/2026</b> | Aggregate Contributions<br><b>\$25.00</b> | <b>\$25.00</b>                   |

**I. MONETARY RECEIPTS (Section A-I)**

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Ward</b>                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | First<br><b>James</b>                                                                                                                       |                                    | MI                                        | Contribution ID #<br><b>0115</b> |
| Residential Street Address<br><b>34 Galloping Hill Rd</b>                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | City<br><b>Fairfield</b>                                                                                                                    |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06824</b>         |
| Principal Occupation<br><b>Consultant</b>                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | Name of Employer<br><b>Protiviti</b>                                                                                                        |                                    |                                           |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br><b>06/30/2026</b> | Aggregate Contributions<br><b>\$25.00</b> | <b>\$25.00</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Macchiaverna</b>                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | First<br><b>Stephen</b>                                                                                                                     |                                    | MI                                        | Contribution ID #<br><b>0114</b> |
| Residential Street Address<br><b>950 Brickell Bay Dr</b>                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | City<br><b>Miami</b>                                                                                                                        |                                    | State<br><b>FL</b>                        | Zip Code<br><b>33131</b>         |
| Principal Occupation<br><b>Retired</b>                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | Name of Employer<br><b>Retired</b>                                                                                                          |                                    |                                           |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br><b>06/30/2026</b> | Aggregate Contributions<br><b>\$25.00</b> | <b>\$25.00</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Cavanaugh</b>                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | First<br><b>Dayna</b>                                                                                                                       |                                    | MI                                         | Contribution ID #<br><b>0113</b> |
| Residential Street Address<br><b>221 Rowland Rd</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>Fairfield</b>                                                                                                                    |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06824</b>         |
| Principal Occupation<br><b>Retired</b>                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | Name of Employer<br><b>Retired</b>                                                                                                          |                                    |                                            |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br><b>06/30/2026</b> | Aggregate Contributions<br><b>\$340.00</b> | <b>\$340.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Conway</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Timothy</b>                                                                                                                     |                                    | MI                                        | Contribution ID #<br><b>0112</b> |
| Residential Street Address<br><b>224 Pratt St</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | City<br><b>Fairfield</b>                                                                                                                    |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06824</b>         |
| Principal Occupation<br><b>Executive</b>                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | Name of Employer<br><b>Dow Jones</b>                                                                                                        |                                    |                                           |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br><b>06/30/2026</b> | Aggregate Contributions<br><b>\$20.00</b> | <b>\$20.00</b>                   |

**I. MONETARY RECEIPTS (Section A-I)**

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Montero</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Walter</b>                                                                                                                      |                                    | MI<br><b>D</b>                            | Contribution ID #<br><b>0111</b> |
| Residential Street Address<br><b>687 High St</b>                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | City<br><b>Fairfield</b>                                                                                                                    |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06824</b>         |
| Principal Occupation<br><b>Realtor</b>                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | Name of Employer<br><b>Keller Williams Gold Coast</b>                                                                                       |                                    |                                           |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br><b>06/30/2026</b> | Aggregate Contributions<br><b>\$10.00</b> | <b>\$10.00</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Walsh</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>James</b>                                                                                                                       |                                    | MI<br><b>CT</b>                           | Contribution ID #<br><b>0110</b> |
| Residential Street Address<br><b>85 Pratt St</b>                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | City<br><b>Fairfield</b>                                                                                                                    |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06824</b>         |
| Principal Occupation<br><b>Attorney</b>                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | Name of Employer<br><b>Colony Grill Development, LLC</b>                                                                                    |                                    |                                           |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br><b>06/30/2026</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>MacGuffie</b>                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | First<br><b>Adrienne</b>                                                                                                                    |                                    | MI<br><b>CT</b>                            | Contribution ID #<br><b>0109</b> |
| Residential Street Address<br><b>144 Mayweed Rd</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>Fairfield</b>                                                                                                                    |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06824</b>         |
| Principal Occupation<br><b>Retired</b>                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | Name of Employer<br><b>Retired</b>                                                                                                          |                                    |                                            |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br><b>06/30/2026</b> | Aggregate Contributions<br><b>\$120.00</b> | <b>\$20.00</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Merturi</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Lisa</b>                                                                                                                        |                                    | MI<br><b>CT</b>                           | Contribution ID #<br><b>0108</b> |
| Residential Street Address<br><b>270 Catherine Ter</b>                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | City<br><b>Fairfield</b>                                                                                                                    |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06824</b>         |
| Principal Occupation<br><b>Teacher</b>                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | Name of Employer<br><b>Fairfield Public Schools</b>                                                                                         |                                    |                                           |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br><b>06/30/2026</b> | Aggregate Contributions<br><b>\$60.00</b> | <b>\$60.00</b>                   |

**I. MONETARY RECEIPTS (Section A-I)**

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------------------|
| Last Name<br>Blewitt                                                                                                                                                                                                                                                                                                 |  | First<br>Donna                                                                                                                                                                                 |                                                                                                                                             | MI                                 | Contribution ID #<br>0107             |
| Residential Street Address<br>100 Cedar Rd                                                                                                                                                                                                                                                                           |  | City<br>Southport                                                                                                                                                                              |                                                                                                                                             | State<br>CT                        | Zip Code<br>06890                     |
| Principal Occupation<br>Retired                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                | Name of Employer<br>Retired                                                                                                                 |                                    |                                       |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution<br><br>\$50.00 |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 |  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br>06/30/2026        |                                       |
|                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                |                                                                                                                                             | Aggregate Contributions<br>\$50.00 |                                       |

|                                                                                                                  |  |                   |
|------------------------------------------------------------------------------------------------------------------|--|-------------------|
| <b>Total of Section B</b>                                                                                        |  | <b>\$6,485.00</b> |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS</b> (Sections A + B) (Total on Line 14, Column A of Summary Page) |  | <b>\$6,485.00</b> |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT            |
|-------------------------------------------------------------------------|---------------------------|
| Vote Astarita                                                           | 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?<br>Yes No |                         | Amount of Contribution |
| If yes, list Event # |       |          |                                                                                 |                         |                        |
| City                 | State | Zip Code | Date Received                                                                   | Aggregate Contributions |                        |

|                            |  |
|----------------------------|--|
| <b>Total of Section C1</b> |  |
|----------------------------|--|

**I. MONETARY RECEIPTS (Section A-I)**

|                                                                          |             |          |                                                                                                     |                           |                   |
|--------------------------------------------------------------------------|-------------|----------|-----------------------------------------------------------------------------------------------------|---------------------------|-------------------|
| NAME OF COMMITTEE                                                        |             |          |                                                                                                     | TYPE OF REPORT            |                   |
| Vote Astarita                                                            |             |          |                                                                                                     | July 10 Filing - Original |                   |
| <b>C2. Reimbursements or Surplus Distributions from other Committees</b> |             |          |                                                                                                     |                           |                   |
| Name of Committee                                                        |             |          | Name of Treasurer                                                                                   |                           |                   |
| Address                                                                  |             |          |                                                                                                     | Date Received             | Amount of Receipt |
| City                                                                     | State       | Zip Code | Payment Type<br>Reimbursement for shared expense<br>Surplus distribution from exploratory committee |                           |                   |
| Expenditure #                                                            | Description |          |                                                                                                     |                           |                   |
| <b>Total of Section C2</b>                                               |             |          |                                                                                                     |                           |                   |

**I. MONETARY RECEIPTS (Section A-I)**

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

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE | TYPE OF REPORT            |
|-------------------|---------------------------|
| Vote Astarita     | 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 |        |
| <b>Total of Section E</b> |                                                                                 |        |

**I. Monetary Receipts (Section A-I)**

| NAME OF COMMITTEE | TYPE OF REPORT            |
|-------------------|---------------------------|
| Vote Astarita     | July 10 Filing - Original |

**G. Interest from Deposits in Authorized Accounts**

| Name of Institution       | Date Received | Amount              |
|---------------------------|---------------|---------------------|
| Street Address            | City          | State      Zip Code |
| <b>Total of Section G</b> |               |                     |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE | TYPE OF REPORT            |
|-------------------|---------------------------|
| Vote Astarita     | 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<br>Supplemental/Post Election Deficit | Primary                      General Election                      Special Election |               |        |
| <b>Total of Section H</b>                                                           |                                                                                     |               |        |

**I. MONETARY RECEIPTS (Section A-I)**

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

**II. EVENT ACTIVITY (Sections J1 - J4)**

|                                                                                                                                         |             |                                                                        |  |                                                                                                                                                                                                               |                                                                                                      |
|-----------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)                                                                 |             |                                                                        |  | TYPE OF REPORT                                                                                                                                                                                                |                                                                                                      |
| Vote Astarita                                                                                                                           |             |                                                                        |  | July 10 Filing - Original                                                                                                                                                                                     |                                                                                                      |
| <b>J1. Event Information</b>                                                                                                            |             |                                                                        |  |                                                                                                                                                                                                               |                                                                                                      |
| Event #<br>Date of Event<br>06/30/2026                                                                                                  | Letter<br>A | Description<br>Cocktail Event                                          |  |                                                                                                                                                                                                               | Was this a fundraising event?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Location: Street Address<br>1144 Reef Rd                                                                                                |             | City<br>Fairfield                                                      |  | State<br>CT                                                                                                                                                                                                   | Zip Code<br>06824                                                                                    |
| Was this event hosted at a personal residence?                                                                                          |             | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |  | if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations. |                                                                                                      |
| Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?         |             | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |  | If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.                                                                                                    |                                                                                                      |
| Subpart 1:<br>Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? |             | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |  | (If yes, enter Total Receipts here.)<br><div style="border: 1px solid black; width: 100px; text-align: right;">\$0.00</div>                                                                                   |                                                                                                      |
| <b>Total of Section J1</b>                                                                                                              |             |                                                                        |  |                                                                                                                                                                                                               | <b>\$0.00</b>                                                                                        |

**II.EVENT ACTIVITY (Sections J1 - J4)**

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

TYPE OF REPORT

Vote Astarita

July 10 Filing - Original

**J3. In-Kind Donations Not Considered Contributions**

Name of the Donor

Street Address

City

State

Zip Code

Donation Given by:

Description of Donation

Fair Market Value of  
Donation

Individual

Business Entity

Sole Proprietorship

Date Received

Event #

Aggregate value for this event

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

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

TYPE OF REPORT

Vote Astarita

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

Vote Astarita

July 10 Filing - Original

**K. In-Kind Contributions**

Name

Street Address

City

State

Zip Code

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

Yes

No

Description of In-Kind Contribution

If yes, list Event#

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

Yes

No

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

Yes

No

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

Executive

Legislative

Fair Market Value of this Contribution

Type of Contributor:

Individual

Committee

Sole Proprietorship

Date Received

Aggregate contributions

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

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

TYPE OF REPORT

Vote Astarita

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            |
| Vote Astarita                                                           | July 10 Filing - Original |
| <b>N. Expenses Paid By Committee</b>                                    |                           |

|                                                                                                                                                                                                                                               |                           |                                  |                                                                                                                                                     |                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| Name of Payee<br>Universal Printing                                                                                                                                                                                                           |                           | Date of Payment<br>06/22/2026    | Method of Payment<br><input checked="" type="checkbox"/> Check # <u>1001</u><br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                        |
| Street Address<br>75 Ardmore St                                                                                                                                                                                                               |                           | City<br>Fairfield                | State<br>CT                                                                                                                                         | Zip Code<br>06824      |
| Purpose of Expendit<br>PRNT                                                                                                                                                                                                                   | Description<br>Palm Cards |                                  |                                                                                                                                                     | Amount<br><br>\$324.37 |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br>If yes, assign an Expenditure # and complete Itemization in Addendum N |                           | Expenditure #<br>(if applicable) | Event #                                                                                                                                             |                        |

|                                                                                                                                                                                                                                    |                               |                                  |                                                                                                                                                     |                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| Name of Payee<br>Seagrape Cafe                                                                                                                                                                                                     |                               | Date of Payment<br>06/29/2026    | Method of Payment<br><input checked="" type="checkbox"/> Check # <u>1002</u><br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                        |
| Street Address<br>1144 Reef Rd                                                                                                                                                                                                     |                               | City<br>Fairfield                | State<br>CT                                                                                                                                         | Zip Code<br>06824      |
| Purpose of Expendit<br>FNDR *                                                                                                                                                                                                      | Description<br>Cocktail Event |                                  |                                                                                                                                                     | Amount<br><br>\$394.18 |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No<br>If yes, assign an Expenditure # and complete Itemization in Addendum N |                               | Expenditure #<br>(if applicable) | Event #<br>06302026A                                                                                                                                |                        |

|                                                                                                                                                                                                                                               |                                        |                                  |                                                                                                                                         |                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| Name of Payee<br>Anedot, Inc.                                                                                                                                                                                                                 |                                        | Date of Payment<br>06/30/2026    | Method of Payment<br><input type="checkbox"/> Check #<br><input type="checkbox"/> Debit Card<br><input checked="" type="checkbox"/> EFT |                        |
| Street Address<br>555 Hilton Ste 106                                                                                                                                                                                                          |                                        | City<br>Baton Rouge              | State<br>LA                                                                                                                             | Zip Code<br>70808      |
| Purpose of Expendit<br>Misc *                                                                                                                                                                                                                 | Description<br>Online Contribution Fee |                                  |                                                                                                                                         | Amount<br><br>\$233.20 |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br>If yes, assign an Expenditure # and complete Itemization in Addendum N |                                        | Expenditure #<br>(if applicable) | Event #                                                                                                                                 |                        |

**IV. EXPENDITURES (Sections N - S)**

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

**N. Expenses Paid By Committee**

|                                                                                                                                                                                                                              |                                      |                                  |                                                                                                                                                     |                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| Name of Payee<br>Ken Astarita                                                                                                                                                                                                |                                      | Date of Payment<br>06/30/2026    | Method of Payment<br><input checked="" type="checkbox"/> Check # <u>1003</u><br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                        |
| Street Address<br>199 Southport Woods Rd                                                                                                                                                                                     |                                      | City<br>Southport                | State<br>CT                                                                                                                                         | Zip Code<br>06890      |
| Purpose of Expendit<br>RMB                                                                                                                                                                                                   | Description<br>Hats, Buttons, Flyers |                                  |                                                                                                                                                     | Amount<br><br>\$213.95 |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, assign an Expenditure # and complete Itemization in Addendum N |                                      | Expenditure #<br>(if applicable) | Event #                                                                                                                                             |                        |

**Total of Section N****\$1,165.70****IV. EXPENDITURES (Sections N - S)**

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

**O. Expenses Paid By Candidate**

|                                                            |             |                 |                                     |        |
|------------------------------------------------------------|-------------|-----------------|-------------------------------------|--------|
| Name of Payee (Name of vendor who candidate paid directly) |             | Date of Payment | Is Reimbursement Claimed?<br>Yes No |        |
| Street Address                                             | City        | State           | Zip Code                            | Amount |
| Purpose of Expenditure<br>(by code)                        | Description | Event #         |                                     |        |

**Total of Section O**

| IV. EXPENDITURES (Sections N - S)                                                         |                                                                                                      |                               |                                                                                                                                                                   |                           |                     |
|-------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|---------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)                   |                                                                                                      |                               |                                                                                                                                                                   | TYPE OF REPORT            |                     |
| Vote Astarita                                                                             |                                                                                                      |                               |                                                                                                                                                                   | July 10 Filing - Original |                     |
| P. Expenses Incurred on Committee Credit Card                                             |                                                                                                      |                               |                                                                                                                                                                   |                           |                     |
| Name of Issuing Institution                                                               |                                                                                                      |                               | Type of Credit Card:                                                                                                                                              |                           |                     |
|                                                                                           |                                                                                                      |                               | <div style="display: flex; justify-content: space-around;"> <span>Visa</span> <span>Master Card</span> <span>Discover</span> <span>American Express</span> </div> |                           |                     |
| 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? | <div style="display: flex; justify-content: space-between;"> <span>Yes</span> <span>No</span> </div> | Expenditure # (if applicable) | Event #                                                                                                                                                           |                           |                     |
| If yes, assign an Expenditure # and complete Itemization in Addendum P                    |                                                                                                      |                               |                                                                                                                                                                   |                           |                     |
| <b>Total of Section P</b>                                                                 |                                                                                                      |                               |                                                                                                                                                                   |                           |                     |

| IV. EXPENDITURES (Sections N - S)                                                         |                                                                                                                                                                   |                               |         |                           |                                      |
|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|---------|---------------------------|--------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)                   |                                                                                                                                                                   |                               |         | TYPE OF REPORT            |                                      |
| Vote Astarita                                                                             |                                                                                                                                                                   |                               |         | July 10 Filing - Original |                                      |
| Q. Expenses Incurred By Committee but Not Paid During this Period                         |                                                                                                                                                                   |                               |         |                           |                                      |
| Name of Creditor                                                                          |                                                                                                                                                                   |                               |         | Date Incurred             |                                      |
| Right Insight                                                                             |                                                                                                                                                                   |                               |         | 06/17/2026                |                                      |
| Street Address                                                                            |                                                                                                                                                                   | City                          |         | State                     | Zip Code                             |
| PO Box 421                                                                                |                                                                                                                                                                   | Boise                         |         | ID                        | 83701                                |
| Purpose of Expenditure (by code)                                                          | Description                                                                                                                                                       |                               |         |                           | Amount Incurred (Estimate or Actual) |
| WEB                                                                                       | Website Creation and Management                                                                                                                                   |                               |         |                           |                                      |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | <div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> Yes</span> <span><input checked="" type="checkbox"/> No</span> </div> | Expenditure # (if applicable) | Event # |                           |                                      |
| If yes, assign an Expenditure # and completes Itemization in Addendum Q                   |                                                                                                                                                                   |                               |         | \$772.50                  |                                      |
| <b>Total of Section Q</b>                                                                 |                                                                                                                                                                   |                               |         |                           | <b>\$772.50</b>                      |

**IV. EXPENDITURES (Sections N - S)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT            |
|-------------------------------------------------------------------------|---------------------------|
| Vote Astarita                                                           | 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:<br><br>Check #<br><br>Debit Card<br><br>EFT |
| Name of Vendor Paid by Committee Worker/Consultant                                        |               |                               |                           |                                                                                                                        |
| Street Address of Vendor                                                                  |               | City                          |                           | State      Zip Code                                                                                                    |
| Purpose of Expenditure (by code)                                                          | Description   |                               |                           |                                                                                                                        |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | Yes<br><br>No | Expenditure # (if applicable) | Event #                   | Amount                                                                                                                 |
| If yes, assign an Expenditure # and completes Itemization in Addendum R                   |               |                               |                           |                                                                                                                        |
| <b>Total of Section R</b>                                                                 |               |                               |                           |                                                                                                                        |

**IV. EXPENDITURES (Sectuibs N - S)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT            |
|-------------------------------------------------------------------------|---------------------------|
| Vote Astarita                                                           | 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       |      |       |          |                                  |
| <b>Total of Section S</b> |      |       |          |                                  |

**Section J4. ADDENDUM**

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

**Section N. ADDENDUM**

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

**Section P. ADDENDUM**

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

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

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