

SEEC FORM 30

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



Electronic Filing

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Page 1 of 20

COVER PAGE

1. NAME OF COMMITTEE				2. TYPE OF COMMITTEE	
Grosso2026				☒ Candidate Committee ☐ Exploratory Committee	
3. TREASURER NAME					
First Anthony		MI	Last Guerrera		Suffix
4. TREASURER ADDRESS					
Street Address 126 Norris St Apt 6		City Waterbury		State CT	Zip Code 06705
5. ELECTION DATE 11/03/2026		6. OFFICE SOUGHT (Complete only if Candidate Committee) State Representative			7. DISTRICT NUMBER (if applicable) R071
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First Michael		MI	Last Grosso		Suffix
9. TYPE OF REPORT July 10 Filing - Original					
10. PERIOD COVERED					
Beginning Date Ending Date 05/26/2026 thru 06/30/2026					
11. CERTIFICATION					
☒ I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.					
Electronic Filing SIGNATURE		Anthony Guerrera PRINT NAME OF THE SIGNER		07/06/2026 10:30:21AM DATE CERTIFIED	
A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty of up to \$25,000, unless a fine of a larger amount is otherwise provided for as a maximum fine in the Connecticut General Statutes.					

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised February 2015

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT	
Grosso2026	July 10 Filing - Original	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		\$0.00
13. Balance on hand at the beginning of Reporting Period	\$5,530.94	
14. Contributions received from Individuals (Section A and B)	\$0.00	\$7,960.00
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
16. Other Monetary Receipts (Section D through I)	\$15,430.00	\$15,430.04
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	\$0.00	\$0.00
18. Total Monetary Receipts (add totals for lines 14 through 17)	\$15,430.00	\$23,390.04
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$20,960.94	\$23,390.04
20. Expenses Paid by Committee (Section N)	\$14,453.76	\$16,882.86
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns)	\$6,507.18	\$6,507.18
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$0.00
23. In-Kind Donations not Considered Contributions - House Party (Section J4)	\$0.00	\$0.00
24. In-Kind Contributions Received (Section K)	\$0.00	\$0.00
25. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00
26. Beginning Loan Balance	\$0.00	
26a. + Loans Received (Section D)	\$0.00	\$0.00
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
26c. - Payments on Loan(s)	\$0.00	\$0.00
26d. Total Outstanding Loan Amount	\$0.00	
27. Campaign Expenses Paid By Candidate (Section O)	\$0.00	\$0.00
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$0.00	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$0.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Grosso2026				July 10 Filing - Original	
A. Total Contributions from Small Contributors-Received this Period ONLY				For Nonparticipating Candidates ONLY	
B. Itemized Contributions from Individuals					
Last Name		First		MI	Contribution ID #
Residential Street Address		City		State	Zip Code
Principal Occupation			Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No		Amount of Contribution
Is this contribution associated with an event reported in Section J1? Yes No	Method of contribution: Cash Personal Check Money Order Credit/Debit Card		Date Received	Aggregate Contributions	
Total of Section B					
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Total on Line 14, Column A of Summary Page)					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Grosso2026				July 10 Filing - Original	
C1. Contributions from Other Committees					
Name of Committee			Name of Treasurer		
Address			Is this contribution associated with an event reported in Section J1? Yes No If yes, list Event #		Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions	
Total of Section C1					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Grosso2026				July 10 Filing - Original	
C2. Reimbursements or Surplus Distributions from other Committees					
Name of Committee			Name of Treasurer		
Address				Date Received	Amount of Receipt
City	State	Zip Code	Payment Type Reimbursement for shared expense Surplus distribution from exploratory committee		
Expenditure #	Description				
Total of Section C2					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Grosso2026				July 10 Filing - Original	
D. Loans Received this Period					
Name of Lender		Source of Loan:			Date of Receipt
		Bank	Candidate	Individual	Other
Street Address		City	State	Zip Code	Is there a cosigner or Guarantor of this loan?
					Yes No
Name of Cosigner/Guarantor (if applicable)					Amount Received
Street Address		City	Stat	Zip Code	
Total of Section D					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE

TYPE OF REPORT

Grosso2026

July 10 Filing - Original

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

Date of Receipt

Method of Payment

Cash

Personal Check

Credit/Debit Card

Amount

Total of Section E**I. Monetary Receipts (Section A-I)**

NAME OF COMMITTEE

TYPE OF REPORT

Grosso2026

July 10 Filing - Original

G. Interest from Deposits in Authorized Accounts

Name of Institution

Date Received

Amount

Street Address

City

State

Zip Code

Total of Section G**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE

TYPE OF REPORT

Grosso2026

July 10 Filing - Original

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

Purpose of Grant:

☒

Initial

☐

Grant Adjustment

☐

Supplemental/Post Election Deficit

Grant Cycle:

☒

Primary

☐

General Election

☐

Special Election

Date Received

Amount

06/09/2026

\$15,430.00

Total of Section H**\$15,430.00**

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Grosso2026				July 10 Filing - Original	
I. Miscellaneous Monetary Receipts not Considered Contributions					
Name			Date of Transaction		Amount Received
Street Address	City	State	Zip Code		
Description					
Total of Section I					

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Grosso2026				July 10 Filing - Original	
J1. Event Information					
Event # Date of Event 06/27/2026	Letter C	Description Meet and Greet Event			Was this a fundraising event? ☐ Yes ☒ No
Location: Street Address 1383 Whittemore Rd		City Middlebury		State CT	Zip Code 06762
Was this event hosted at a personal residence?		☐ Yes ☒ No		if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any 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?		☐ Yes ☒ No		If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		☐ Yes ☒ No		(If yes, enter Total Receipts here.) \$0.00	
Total of Section J1					\$0.00

II.EVENT ACTIVITY (Sections J1 - J4)

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

TYPE OF REPORT

Grosso2026

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

Grosso2026

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

Grosso2026

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

Grosso2026

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
Grosso2026	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Staples		Date of Payment 05/26/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 544 Straits Tpke		City Watertown	State CT	Zip Code 06795
Purpose of Expendit OFFICE	Description			Amount \$137.69
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee CEF		Date of Payment 05/27/2026	Method of Payment ☒ Check # <u>95</u> ☐ Debit Card ☐ EFT	
Street Address 55 Farmington Ave		City Hartford	State CT	Zip Code 06105
Purpose of Expendit CEF	Description Buffer			Amount \$1,260.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Victor Cuevas		Date of Payment 06/10/2026	Method of Payment ☒ Check # <u>96</u> ☐ Debit Card ☐ EFT	
Street Address PO Box 2421		City Waterbury	State CT	Zip Code 06722
Purpose of Expendit CNSLT	Description			Amount \$2,500.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Grosso2026	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Anthony Guerrero		Date of Payment 06/10/2026	Method of Payment ☒ Check # <u>97</u> ☐ Debit Card ☐ EFT	
Street Address 126 Norris St Apt 6		City Waterbury	State CT	Zip Code 07605
Purpose of Expendit CNSLT	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$2,000.00
Name of Payee Lisa Grunigen		Date of Payment 06/17/2026	Method of Payment ☒ Check # <u>1001</u> ☐ Debit Card ☐ EFT	
Street Address 477 Highland Ave		City Waterbury	State CT	Zip Code 06708
Purpose of Expendit RMB	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event # 06272026C	\$250.00
Name of Payee US Postmaster		Date of Payment 06/17/2026	Method of Payment ☒ Check # <u>1002</u> ☐ Debit Card ☐ EFT	
Street Address 135 Grand St		City Waterbury	State CT	Zip Code 06701
Purpose of Expendit POST	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$541.88

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Grosso2026	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Cutting Edge Signs & Graphics LLC		Date of Payment 06/17/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 21A Gramer Ave		City Prospect	State CT	Zip Code 06712
Purpose of Expendit A-SIGN	Description			Amount \$1,573.98
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Sherri Ruffini		Date of Payment 06/17/2026	Method of Payment ☒ Check # <u>1003</u> ☐ Debit Card ☐ EFT	
Street Address 43 Woodcrest Dr		City Waterbury	State CT	Zip Code 06708
Purpose of Expendit RMB	Description			Amount \$220.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Minuteman Press		Date of Payment 06/19/2026	Method of Payment ☒ Check # <u>1004</u> ☐ Debit Card ☐ EFT	
Street Address 156 Grand St		City Waterbury	State CT	Zip Code 06702
Purpose of Expendit A-OTH	Description			Amount \$1,519.79
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Grosso2026	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee The Waterbury Observer		Date of Payment 06/22/2026	Method of Payment ☒ Check # <u>1005</u> ☐ Debit Card ☐ EFT	
Street Address PO Box 910		City Waterbury	State CT	Zip Code 06720
Purpose of Expendit A-NEWS	Description			Amount \$585.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee JB Portraits, LLC		Date of Payment 06/25/2026	Method of Payment ☒ Check # <u>1006</u> ☐ Debit Card ☐ EFT	
Street Address 108 Stoddard Rd		City Waterbury	State CT	Zip Code 06708
Purpose of Expendit Misc *	Description Candidate Photographs			Amount \$250.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Palisades Entertainment, LLC		Date of Payment 06/25/2026	Method of Payment ☒ Check # <u>1007</u> ☐ Debit Card ☐ EFT	
Street Address 1188 Wolcott Rd		City Wolcott	State CT	Zip Code 06716
Purpose of Expendit Misc *	Description Studio time for video recording/production			Amount \$2,000.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Grosso2026	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Pony Express Screenprint Company		Date of Payment 06/25/2026	Method of Payment ☒ Check # <u>1008</u> ☐ Debit Card ☐ EFT	
Street Address 51 Newport Dr		City Waterbury	State CT	Zip Code 06705
Purpose of Expendit A-OTH	Description			Amount \$419.02
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Cutting Edge Signs & Graphics LLC		Date of Payment 06/25/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 21A Gramer Ave		City Prospect	State CT	Zip Code 06712
Purpose of Expendit A-OTH	Description			Amount \$146.40
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Brewbury		Date of Payment 06/27/2026	Method of Payment ☒ Check # <u>1009</u> ☐ Debit Card ☐ EFT	
Street Address 1383 Whittemore Rd		City Middlebury	State CT	Zip Code 06762
Purpose of Expendit FOOD	Description			Amount \$226.72
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event # 06272026C	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Grosso2026	July 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee Brewbury		Date of Payment 06/27/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 1383 Whittemore Rd		City Middlebury		State CT
Zip Code 06762				
Purpose of Expendit FOOD	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event # 06272026C	\$345.36

Name of Payee Lisa Grunigen		Date of Payment 06/27/2026	Method of Payment ☒ Check # 1010 ☐ Debit Card ☐ EFT	
Street Address 477 Highland Ave		City Waterbury		State CT
Zip Code 06708				
Purpose of Expendit RMB	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$145.69

Name of Payee Sherri Ruffini		Date of Payment 06/27/2026	Method of Payment ☒ Check # 1011 ☐ Debit Card ☐ EFT	
Street Address 43 Woodcrest Dr		City Waterbury		State CT
Zip Code 06708				
Purpose of Expendit RMB	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$331.73

Total of Section N**\$14,453.76**

IV. EXPENDITURES (Sections N - S)

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

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Grosso2026				July 10 Filing - Original	
P. Expenses Incurred on Committee Credit Card					
Name of Issuing Institution			Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☐ Other		
Name of Vendor				Date of Transaction	
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description				Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Yes No	Expenditure # (if applicable)	Event #	
If yes, assign an Expenditure # and complete Itemization in Addendum P					
Total of Section P					

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Grosso2026	July 10 Filing - Original

Q. Expenses Incurred By Committee but Not Paid During this Period

Name of Creditor		Date Incurred	
Street Address		City	State Zip Code
Purpose of Expenditure (by code)	Description		Amount Incurred (Estimate or Actual)
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No Expenditure # (if applicable) Event #			
If yes, assign an Expenditure # and completes Itemization in Addendum Q			

Total of Section Q

IV. EXPENDITURES (Sections N - S)

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

TYPE OF REPORT

Grosso2026

July 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Grunigen	First Lisa	MI	Date of Payment to Vendor 06/16/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☒ Check # 1001 ☐ Debit Card ☐ EFT
--	-------------------	----	---	---

Name of Vendor Paid by Committee Worker/Consultant

Brewbury

Street Address of Vendor

1383 Whittemore Rd

City

Middlebury

State

CT

Zip Code

06762

Purpose of Expenditure
(by code)

OVHD

Description

Deposit for rental of space for event

Is this expenditure coordinated with another candidate for which reimbursement is sought?

☐

Yes

☒

No

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

Expenditure #
(if applicable)

Event #

06272026C

Amount

\$250.00

Last Name of Worker/Consultant

Ruffini

First

Sherri

MI

Date of Payment to Vendor

06/16/2026

Payment to Reimburse Committee Worker/Consultant as reported in Section N:

☒

Check # 1003

☐

Debit Card

☐

EFT

Name of Vendor Paid by Committee Worker/Consultant

48HourPrint.com

Street Address of Vendor

8000 Haskell Ave

City

Van Nuys

State

CA

Zip Code

91406

Purpose of Expenditure
(by code)

A-OTH

Description

Is this expenditure coordinated with another candidate for which reimbursement is sought?

☐

Yes

☒

No

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

Expenditure #
(if applicable)

Event #

Amount

\$220.50

IV. EXPENDITURES (Sections N - S)

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

TYPE OF REPORT

Grosso2026

July 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Grunigen	First Lisa	MI	Date of Payment to Vendor 06/19/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☒ Check # 1010 ☐ Debit Card ☐ EFT
Name of Vendor Paid by Committee Worker/Consultant Amazon				
Street Address of Vendor 410 Terry Ave N		City Seattle	State WA	Zip Code 98109
Purpose of Expenditure (by code) Misc *	Description Sign Frame			
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and completes Itemization in Addendum R		Expenditure # (if applicable)	Event #	Amount \$145.96

Last Name of Worker/Consultant Ruffini	First Sherri	MI	Date of Payment to Vendor 06/19/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☒ Check # 1011 ☐ Debit Card ☐ EFT
Name of Vendor Paid by Committee Worker/Consultant Pens.com				
Street Address of Vendor 12121 Scripps Summit Dr Ste 4		City San Diego	State CA	Zip Code 92131
Purpose of Expenditure (by code) A-OTH	Description			
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and completes Itemization in Addendum R		Expenditure # (if applicable)	Event #	Amount \$331.73

Total of Section R**\$948.19**

IV. EXPENDITURES (Sectuibs N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Grosso2026	July 10 Filing - Original

S. Surplus Distribution of Equipment and Furniture

Name of Recipient				
Street Address	City	State	Zip Code	Original Purchase Amount of Item
Description of Item				

Total of Section S**Section J4. ADDENDUM**

NAME OF COMMITTEE	TYPE OF REPORT

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

Event #	
Name of Candidate	

Section N. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT

N. Expenses Paid By Committee - Addendum

Expenditure #	Amount of Expenditure
Name of Candidate	Office Sought

Section P. ADDENDUM	
NAME OF COMMITTEE	TYPE OF REPORT
P. Expenses Incurred on Committee Credit Card - Addendum	
Expenditure #	Amount of Expenditure
Name of Candidate	Office Sought

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

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