

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

Revised February 2015



Electronic Filing

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Page 1 of 26

COVER PAGE

1. NAME OF COMMITTEE				2. TYPE OF COMMITTEE	
BORRAS 2026				☒ Candidate Committee ☐ Exploratory Committee	
3. TREASURER NAME					
First Angela		MI	Last Driver		Suffix
4. TREASURER ADDRESS					
Street Address 183 Winslow Dr		City West Haven		State CT	Zip Code 06516
5. ELECTION DATE		6. OFFICE SOUGHT (Complete only if Candidate Committee)			7. DISTRICT NUMBER (if applicable)
11/03/2026		State Representative			R115
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First Victor		MI M	Last Borras		Suffix
9. TYPE OF REPORT					
July 10 Filing - Original					
10. PERIOD COVERED					
Beginning Date Ending Date 04/01/2026 thru 06/30/2026					
11. CERTIFICATION					
☒ I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.					
Electronic Filing SIGNATURE		Angela Driver PRINT NAME OF THE SIGNER		07/07/2026 9:21:58AM 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	
BORRAS 2026	July 10 Filing - Original	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		\$0.00
13. Balance on hand at the beginning of Reporting Period	\$0.00	
14. Contributions received from Individuals (Section A and B)	\$1,455.00	\$1,455.00
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
16. Other Monetary Receipts (Section D through I)	\$0.03	\$0.03
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	\$0.00	\$0.00
18. Total Monetary Receipts (add totals for lines 14 through 17)	\$1,455.03	\$1,455.03
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$1,455.03	\$1,455.03
20. Expenses Paid by Committee (Section N)	\$619.61	\$619.61
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns)	\$835.42	\$835.42
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)	\$291.80	\$291.80
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	
BORRAS 2026		July 10 Filing - Original	
A. Total Contributions from Small Contributors-Received this Period ONLY		For Nonparticipating Candidates ONLY	
		\$0.00	
B. Itemized Contributions from Individuals			
Last Name		First	MI
Borras		Linda	
Residential Street Address		City	State
170 Shingle Hill Rd		West Haven	CT
Principal Occupation		Name of Employer	
Admin Asst		Nations Roof of New England	
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	
☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		☐ Yes ☒ No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1?		Method of contribution:	
☐ Yes ☒ No If yes, list Event #		☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card	
Date Received		Aggregate Contributions	
04/07/2026		\$340.00	
		\$340.00	
Last Name		First	MI
Posick		Bonnie	
Residential Street Address		City	State
107 East Ave		West Haven	CT
Principal Occupation		Name of Employer	
Retired		Retired	
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	
☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		☐ Yes ☒ No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1?		Method of contribution:	
☐ Yes ☒ No If yes, list Event #		☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card	
Date Received		Aggregate Contributions	
04/08/2026		\$5.00	
		\$5.00	
Last Name		First	MI
Driver		Angela	
Residential Street Address		City	State
183 Winslow Dr		West Haven	CT
Principal Occupation		Name of Employer	
Retired		Retired	
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	
☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		☐ Yes ☒ No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1?		Method of contribution:	
☐ Yes ☒ No If yes, list Event #		☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card	
Date Received		Aggregate Contributions	
04/12/2026		\$5.00	
		\$5.00	

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name OConnell		First James		MI	Contribution ID # 0004
Residential Street Address 12 Kenter Pl		City New Haven		State CT	Zip Code 06515
Principal Occupation Teacher		Name of Employer Kolbe Cathedral High School			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/13/2026	Aggregate Contributions \$15.00	\$15.00

Last Name Vecellio		First Joseph		MI	Contribution ID # 0005
Residential Street Address 27 Eagle Pl		City West Haven		State CT	Zip Code 06516
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/13/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Croze		First Jeffrey		MI	Contribution ID # 0006
Residential Street Address 335 Shingle Hill Rd		City West Haven		State CT	Zip Code 06516
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/16/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Callegari		First Jo Ann		MI	Contribution ID # 0007
Residential Street Address 29 Platt Ave		City West Haven		State CT	Zip Code 06516
Principal Occupation Registrar of Voters		Name of Employer City of West Haven			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/17/2026	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Delgado		First Robert		MI	Contribution ID # 0008
Residential Street Address 516 Jones Hill Rd		City West Haven		State CT	Zip Code 06516
Principal Occupation Field Engineer		Name of Employer Verizon			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/17/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Weinstein		First Paige		MI	Contribution ID # 0009
Residential Street Address 20 Platt Ave		City West Haven		State CT	Zip Code 06516
Principal Occupation President		Name of Employer Star Auto Repair Inc.			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/23/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Cotto		First Lisette		MI	Contribution ID # 0010
Residential Street Address 75 Redwood Dr # 508		City East Haven		State CT	Zip Code 06513
Principal Occupation Furniture Store Owner		Name of Employer Lisy's Furniture LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Ayala		First Juan		MI	Contribution ID # 0011
Residential Street Address 678 Second Ave		City West Haven		State CT	Zip Code 06516
Principal Occupation Residential Connectivity		Name of Employer Frontier Communications			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/02/2026	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name DeGray		First Megan		MI	Contribution ID # 0015
Residential Street Address 170 Shingle Hill Rd		City West Haven		State CT	Zip Code 06516
Principal Occupation Nurse		Name of Employer Hartford Health			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/08/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Delgado		First Robert		MI	Contribution ID # 0025
Residential Street Address 516 Jones Hill Rd		City West Haven		State CT	Zip Code 06516
Principal Occupation Field Engineer		Name of Employer Verizon			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 05082026A	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/08/2026	Aggregate Contributions \$30.00	\$25.00

Last Name Weaver		First Owen		MI	Contribution ID # 0024
Residential Street Address 23 Green Hill Rd		City Orange		State CT	Zip Code 06477
Principal Occupation Attorney		Name of Employer Zabel Schellenberg PLLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 05082026A	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/08/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Christman		First Jeff		MI	Contribution ID # 0023
Residential Street Address 138 Arlington St		City West Haven		State CT	Zip Code 06516
Principal Occupation Painter		Name of Employer J. Christman Painting			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 05082026A	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/08/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Martorano		First Maria		MI	Contribution ID # 0022
Residential Street Address 484 First Ave # 7		City West Haven		State CT	Zip Code 06516
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 05082026A	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/08/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Calandro Jr		First Albert		MI	Contribution ID # 0021
Residential Street Address 67 Front Ave		City West Haven		State CT	Zip Code 06516
Principal Occupation Internal Auditor		Name of Employer Eversource Energy			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 05082026A	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/08/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Tottenham		First Charlotte		MI	Contribution ID # 0020
Residential Street Address 725 Island Ln # 4		City West Haven		State CT	Zip Code 06516
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 05082026A	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/08/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Petrucci		First Kristina		MI	Contribution ID # 0019
Residential Street Address 483 Washington Ave		City West Haven		State CT	Zip Code 06516
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 05082026A	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/08/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Kennedy		First Kathleen		MI	Contribution ID # 0018
Residential Street Address 265 New Haven Ave # 1		City Milford		State CT	Zip Code 06460
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 05082026A	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/08/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Jensen		First Lorraine		MI	Contribution ID # 0017
Residential Street Address 68 Leete St		City West Haven		State CT	Zip Code 06516
Principal Occupation Admin Assist		Name of Employer Aaron Supreme Ctr			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 05082026A	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/08/2026	Aggregate Contributions \$15.00	\$15.00

Last Name Dinneen		First Gelsomine		MI	Contribution ID # 0016
Residential Street Address 725 Island Ln # 20		City West Haven		State CT	Zip Code 06516
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 05082026A	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/08/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Lancia		First Christopher		MI	Contribution ID # 0012
Residential Street Address 87 Naugatuck Ave		City Milford		State CT	Zip Code 06460
Principal Occupation Manager		Name of Employer C&A Cable Services LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 05082026A	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/08/2026	Aggregate Contributions \$20.00	\$20.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Wittkofske		First Robert		MI	Contribution ID # 0013
Residential Street Address 93 Dalton St		City West Haven		State CT	Zip Code 06516
Principal Occupation Fleet Manager		Name of Employer United Staging			
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		☐ Yes ☒ No ☐ Yes ☒ No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # <u>05082026A</u>		Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/08/2026	Aggregate Contributions \$20.00
Amount of Contribution \$20.00					

Last Name Borras (Son)		First Victor		MI P	Contribution ID # 0014
Residential Street Address 170 Shingle Hill Rd		City West Haven		State CT	Zip Code 06516
Principal Occupation Roofer		Name of Employer Nations Roof of New England			
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		☐ Yes ☒ No ☐ Yes ☒ No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # <u>05082026A</u>		Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/08/2026	Aggregate Contributions \$20.00
Amount of Contribution \$20.00					

Last Name Callegari		First Jo Ann		MI	Contribution ID # 0028
Residential Street Address 29 Platt Ave		City West Haven		State CT	Zip Code 06516
Principal Occupation Registrar of Voters		Name of Employer City of West Haven			
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		☐ Yes ☒ No ☐ Yes ☒ No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # <u>05082026A</u>		Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/09/2026	Aggregate Contributions \$35.00
Amount of Contribution \$10.00					

Last Name Kollanda		First Richard		MI	Contribution ID # 0027
Residential Street Address 9 Voss Rd		City West Haven		State CT	Zip Code 06516
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		☐ Yes ☒ No ☐ Yes ☒ No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #		Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/09/2026	Aggregate Contributions \$5.00
Amount of Contribution \$5.00					

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Pacilio		First Angela		MI	Contribution ID # 0026
Residential Street Address 224 Benham Hill Rd		City West Haven		State CT	Zip Code 06516
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/09/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Vergati		First Catherine		MI	Contribution ID # 0031
Residential Street Address 231 Daytona St		City West Haven		State CT	Zip Code 06516
Principal Occupation Administrator		Name of Employer TSDMGK Association			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/13/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Collins		First Ray		MI	Contribution ID # 0030
Residential Street Address 209 Court St		City West Haven		State CT	Zip Code 06516
Principal Occupation Government Relations		Name of Employer Eversource Energy			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/13/2026	Aggregate Contributions \$25.00	\$25.00

Last Name DePalma		First Richard		MI	Contribution ID # 0029
Residential Street Address 231 Daytona St		City West Haven		State CT	Zip Code 06516
Principal Occupation Owner/Service Tech.		Name of Employer DePalma Oil			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 05082026A	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/13/2026	Aggregate Contributions \$10.00	\$10.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Garthwait		First Melissa		MI	Contribution ID # 0032
Residential Street Address 22 Second Ave		City West Haven		State CT	Zip Code 06516
Principal Occupation Design and Realty		Name of Employer Coldwell Banker			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/14/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Mongillo		First Joseph		MI	Contribution ID # 0033
Residential Street Address 37 Hickory St		City West Haven		State CT	Zip Code 06516
Principal Occupation Senior Mechanic		Name of Employer AAA Northeast			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/18/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Cretella		First Joan		MI	Contribution ID # 0034
Residential Street Address 225 Beach St # 2A		City West Haven		State CT	Zip Code 06516
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/20/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Tuttle		First Brian		MI	Contribution ID # 0035
Residential Street Address 227 Shingle Hill Rd		City West Haven		State CT	Zip Code 06516
Principal Occupation Environmental Science		Name of Employer Dexsil Corporation			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/31/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Fleming		First Karla		MI	Contribution ID # 0036
Residential Street Address 43 Woodcrest Ave		City Trumbull		State CT	Zip Code 06611
Principal Occupation Office Manager		Name of Employer Nations Roof			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/04/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Gregorio		First Michele		MI	Contribution ID # 0037
Residential Street Address 4 Grove St # 23		City Moodus		State CT	Zip Code 06469
Principal Occupation Realtor/Consultant		Name of Employer Century 21 All Points Realty			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/08/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Apicella		First Silvana		MI	Contribution ID # 0038
Residential Street Address 281 Highland Ave		City West Haven		State CT	Zip Code 06516
Principal Occupation University Assistant		Name of Employer SCSU			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/10/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Settanni		First Joseph		MI	Contribution ID # 0039
Residential Street Address 20 Christine Ter		City Milford		State CT	Zip Code 06461
Principal Occupation Building Official		Name of Employer City of West Haven			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/26/2026	Aggregate Contributions \$25.00	\$25.00

Total of Section B			\$1,455.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS	(Sections A + B)	<i>(Total on Line 14, Column A of Summary Page)</i>	\$1,455.00

I. MONETARY RECEIPTS (Section A-I)

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

C1. Contributions from Other Committees

Name of Committee				Name of Treasurer				
Address			Is this contribution associated with an event reported in Section J1?			Yes	No	Amount of Contribution
			If yes, list Event #					
City	State	Zip Code	Date Received	Aggregate Contributions				

Total of Section C1

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
BORRAS 2026	July 10 Filing - Original

C2. Reimbursements or Surplus Distributions from other Committees

Name of Committee				Name of Treasurer		
Address					Date Received	Amount of Receipt
				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
BORRAS 2026	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
BORRAS 2026	July 10 Filing - Original

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

Date of Receipt	Method of Payment			Amount
	Cash	Personal Check	Credit/Debit Card	
Total of Section E				

I. Monetary Receipts (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
BORRAS 2026	July 10 Filing - Original

G. Interest from Deposits in Authorized Accounts

Name of Institution		Date Received		Amount
Street Address	City	State	Zip Code	
Total of Section G				

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
BORRAS 2026	July 10 Filing - Original

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

Purpose of Grant:	Grant Cycle:	Date Received	Amount
Initial Grant Adjustment Supplemental/Post Election Deficit	Primary General Election Special Election		
Total of Section H			

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
BORRAS 2026	July 10 Filing - Original

I. Miscellaneous Monetary Receipts not Considered Contributions

Name			Date of Transaction		Amount Received
CEF			04/30/2026		
Street Address		City	State	Zip Code	
55 Farmington Ave		Hartford	CT	06105	
Description					\$0.03
CEP-12 "Penny Test"					
Total of Section I					\$0.03

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
BORRAS 2026				July 10 Filing - Original	
J1. Event Information					
Event # Date of Event 05/08/2026	Letter A	Description Meet and Greet Event			Was this a fundraising event? ☒ Yes ☐ No
Location: Street Address 315 Morgan Ln			City West Haven	State CT	Zip Code 06516
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	
BORRAS 2026				July 10 Filing - Original	
J3. In-Kind Donations Not Considered Contributions					
Name of the Donor					
Street Address			City	State	Zip Code
Donation Given by:	Description of Donation				Fair Market Value of Donation
Individual					
Business Entity	Date Received	Event #	Aggregate value for this event		
Sole Proprietorship					
Total of Section J3					

II. EVENT ACTIVITY (Sections J1 - J4)

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

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

Name of Host		Is this event supporting more than one candidate?	
		Yes	No
		If yes, complete Itemization in Addendum J4	
Street Address		City	State Zip Code
Description of Donation			Fair Market Value of Donation
Event #	Aggregate value of this Event - all hosts	Aggregate value of all Events - this host/candidate	

Total of Section J4**III. NONMONETARY RECEIPTS (Sections K - L)**

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

K. In-Kind Contributions

Name			
Street Address		City	State Zip Code
Is this contribution associated with an event reported in Section J1?	Yes No	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
Type of Contributor:		Date Received	Aggregate contributions
Individual Committee Sole Proprietorship			

Total of Section K

III. Non Monetary Receipts (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
BORRAS 2026	July 10 Filing - Original
L. Refundable Deposit to Telephone Company	

Last Name of Individual	First Name	MI	Date Deposit Made
Residential Street Address	City	State	Zip Code
Name of Telephone company			Amount of Deposit
Street Address	City	State	
Total of Section L			

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
BORRAS 2026	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Anedot		Date of Payment 04/30/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St # 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expendit WEB	Description April 2026 fees associated with processing online credit card contributions			Amount \$9.60
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 Paradise Pizza		Date of Payment 05/08/2026	Method of Payment ☒ Check # <u>102</u> ☐ Debit Card ☐ EFT	
Street Address 3610 Main St		City Stratford	State CT	Zip Code 06614
Purpose of Expendit FNDR *	Description Food trays			Amount \$79.87
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 # 05082026A	

Name of Payee Hilltop Market		Date of Payment 05/08/2026	Method of Payment ☒ Check # <u>103</u> ☐ Debit Card ☐ EFT	
Street Address 1081 Huntington Rd		City Stratford	State CT	Zip Code 06497
Purpose of Expendit FNDR *	Description Sandwiches			Amount \$90.00
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 # 05082026A	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
BORRAS 2026	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Victor M. Borrás		Date of Payment 05/27/2026	Method of Payment ☒ Check # <u>104</u> ☐ Debit Card ☐ EFT	
Street Address 170 Shingle Hill Rd		City West Haven	State CT	Zip Code 06516
Purpose of Expenditure RMB	Description Vistaprint Order #VP_WNK0ZHNH - Door Hangers			Amount \$278.61
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 M. Borrás		Date of Payment 05/28/2026	Method of Payment ☒ Check # <u>105</u> ☐ Debit Card ☐ EFT	
Street Address 170 Shingle Hill Rd		City West Haven	State CT	Zip Code 06516
Purpose of Expenditure RMB	Description GoDaddy Inv #4073328858 - Domain			Amount \$13.19
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 Casimir A. Mizera		Date of Payment 05/28/2026	Method of Payment ☒ Check # <u>106</u> ☐ Debit Card ☐ EFT	
Street Address 185 Boston Ave		City Stratford	State CT	Zip Code 06614
Purpose of Expenditure RMB	Description Restaurant Depot - Supplies			Amount \$91.47
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 # 05082026A	

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee Angela L Driver		Date of Payment 05/28/2026	Method of Payment ☒ Check # <u>107</u> ☐ Debit Card ☐ EFT	
Street Address 183 Winslow Dr		City West Haven		State CT
Zip Code 06516				
Purpose of Expendit RMB	Description Staples.com Order #s 9936919428 and 9936919556 - Treasurer Supplies (tote, file folders)			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 #	\$31.87

Name of Payee Anedot		Date of Payment 05/31/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St # 1770		City New Orleans		State LA
Zip Code 70112				
Purpose of Expendit WEB	Description May 2026 fees associated with processing credit card contributions			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 #	\$18.10

Name of Payee Anedot		Date of Payment 06/30/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St # 1770		City New Orleans		State LA
Zip Code 70112				
Purpose of Expendit WEB	Description June 2026 fees for processing credit card contributions			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 #	\$6.90

Total of Section N**\$619.61**

IV. EXPENDITURES (Sections N - S)

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

O. Expenses Paid By Candidate

Name of Payee (Name of vendor who candidate paid directly)		Date of Payment		Is Reimbursement Claimed?	
VistaPrint		05/27/2026		☒ Yes ☐ No	
Street Address		City		State	Zip Code
275 Wyman St		Waltham		MA	02451
Purpose of Expenditure (by code)	Description			Event #	Amount
PRNT	Order #VP_WNKOZHHH - Door Hangers				
					\$278.61

Name of Payee (Name of vendor who candidate paid directly)		Date of Payment		Is Reimbursement Claimed?	
GoDaddy.com, LLC		05/28/2026		☒ Yes ☐ No	
Street Address		City		State	Zip Code
100 S Mill Ave # 1600		Tempe		AZ	85281
Purpose of Expenditure (by code)	Description			Event #	Amount
WEB	Inv 4073328858 - Domain				
					\$13.19

Total of Section O					\$291.80
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IV. EXPENDITURES (Sections N - S)						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT		
BORRAS 2026				July 10 Filing - Original		
P. Expenses Incurred on Committee Credit Card						
Name of Issuing Institution			Type of Credit Card: Visa Master Card Discover American Express Other			
Name of Vendor				Date of Transaction		
Street Address			City		State	
					Zip Code	
Purpose of Expenditure (by code)	Description				Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Yes	No	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		
BORRAS 2026				July 10 Filing - Original		
Q. Expenses Incurred By Committee but Not Paid During this Period						
Name of Creditor				Date Incurred		
Street Address			City		State	
					Zip Code	
Purpose of Expenditure (by code)	Description				Amount Incurred (Estimate or Actual)	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Yes	No	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
BORRAS 2026	July 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Driver	First Angela	MI L	Date of Payment to Vendor 04/05/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☒ Check # 107 ☐ Debit Card ☐ EFT
Name of Vendor Paid by Committee Worker/Consultant Staples.com				
Street Address of Vendor 500 Staple Dr		City Framingham	State MA	Zip Code 01702
Purpose of Expenditure (by code) OFFICE	Description Staples.com Order #s 9936919428 and 9936919556 - Treasurer Supplies (tote, file folders)			
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 \$31.87

Last Name of Worker/Consultant Mizera	First Casimir	MI A	Date of Payment to Vendor 05/08/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☒ Check # 106 ☐ Debit Card ☐ EFT
Name of Vendor Paid by Committee Worker/Consultant Restaurant Depot				
Street Address of Vendor 181 Marsh Hill Rd		City Orange	State CT	Zip Code 06477
Purpose of Expenditure (by code) FNDR *	Description Supplies 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 # 05082026A	Amount \$91.47

Total of Section R**\$123.34**

IV. EXPENDITURES (Sectuibs N - S)

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

S. Surplus Distribution of Equipment and Furniture

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

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

NAME OF COMMITTEE	TYPE OF REPORT

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

Event #	
Name of Candidate	

Section N. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT

N. Expenses Paid By Committee - Addendum

Expenditure #	Amount of Expenditure
Name of Candidate	Office Sought

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

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

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