

**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 229

**COVER PAGE**

|                                                                                                                                                                                                                                                                                  |  |                                                                                         |                          |                                                                                                                  |                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| 1. NAME OF COMMITTEE                                                                                                                                                                                                                                                             |  |                                                                                         |                          | 2. TYPE OF COMMITTEE                                                                                             |                                      |
| <b>Bysiewicz for CT</b>                                                                                                                                                                                                                                                          |  |                                                                                         |                          | <input checked="checked" type="checkbox"/> Candidate Committee<br><input type="checkbox"/> Exploratory Committee |                                      |
| 3. TREASURER NAME                                                                                                                                                                                                                                                                |  |                                                                                         |                          |                                                                                                                  |                                      |
| First<br><b>Rebecca</b>                                                                                                                                                                                                                                                          |  | MI                                                                                      | Last<br><b>Hyland</b>    |                                                                                                                  | Suffix                               |
| 4. TREASURER ADDRESS                                                                                                                                                                                                                                                             |  |                                                                                         |                          |                                                                                                                  |                                      |
| Street Address<br><b>18 Haller Pl</b>                                                                                                                                                                                                                                            |  | City<br><b>Wallingford</b>                                                              |                          | State<br><b>CT</b>                                                                                               | Zip Code<br><b>06492</b>             |
| 5. ELECTION DATE<br><b>11/03/2026</b>                                                                                                                                                                                                                                            |  | 6. OFFICE SOUGHT ( Complete only if Candidate Committee )<br><b>Lieutenant Governor</b> |                          |                                                                                                                  | 7. DISTRICT NUMBER ( if applicable ) |
| 8. CANDIDATE NAME ( Complete only if Candidate or Exploratory Committee )                                                                                                                                                                                                        |  |                                                                                         |                          |                                                                                                                  |                                      |
| First<br><b>Susan</b>                                                                                                                                                                                                                                                            |  | MI                                                                                      | Last<br><b>Bysiewicz</b> |                                                                                                                  | Suffix                               |
| 9. TYPE OF REPORT<br><b>July 10 Filing - Original</b>                                                                                                                                                                                                                            |  |                                                                                         |                          |                                                                                                                  |                                      |
| 10. PERIOD COVERED                                                                                                                                                                                                                                                               |  |                                                                                         |                          |                                                                                                                  |                                      |
| Beginning Date                      Ending Date<br><br><b>04/01/2026</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><br>SIGNATURE                                                                                                                                                                                                                                            |  | <b>Rebecca Hyland</b><br>PRINT NAME OF THE SIGNER                                       |                          | <b>07/10/2026 10:00:53PM</b><br>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>Bysiewicz for CT</b>                                                                           | July 10 Filing - Original |                       |
|                                                                                                   | COLUMN A<br>This Period   | COLUMN 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>\$566,759.03</b>       |                       |
| 14. Contributions received from Individuals (Section A and B)                                     | <b>\$205,314.07</b>       | <b>\$794,029.57</b>   |
| 15. Receipts from Other Committees (Sections C1 and C2)                                           | <b>\$15,150.00</b>        | <b>\$56,300.00</b>    |
| 16. Other Monetary Receipts (Section D through I)                                                 | <b>\$0.00</b>             | <b>\$2,083.65</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>\$220,464.07</b>       | <b>\$852,413.22</b>   |
| 19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)           | <b>\$787,223.10</b>       | <b>\$852,413.22</b>   |
| 20. Expenses Paid by Committee (Section N)                                                        | <b>\$36,593.48</b>        | <b>\$101,783.60</b>   |
| 21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns ) | <b>\$750,629.62</b>       | <b>\$750,629.62</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>\$1,962.24</b>         | <b>\$3,622.46</b>     |
| 24. In-Kind Contributions Received (Section K)                                                    | <b>\$371.48</b>           | <b>\$901.69</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>\$150.00</b>           |                       |
| 29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)                    | <b>\$150.00</b>           |                       |

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

|                                                                                 |  |                                      |  |
|---------------------------------------------------------------------------------|--|--------------------------------------|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)         |  | TYPE OF REPORT                       |  |
| Bysiewicz for CT                                                                |  | 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>Smith                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | First<br>Nessah                                                                                                                             |                             | MI                                 | Contribution ID #<br>1444 |
| Residential Street Address<br>500 Evers St                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | City<br>Bridgeport                                                                                                                          |                             | State<br>CT                        | Zip Code<br>06610         |
| 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>04/01/2026 | Aggregate Contributions<br>\$10.76 | \$10.76                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Farmer                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | First<br>Sharon                                                                                                                             |                             | MI                                  | Contribution ID #<br>1445 |
| Residential Street Address<br>38 Mine Rd                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | City<br>Burlington                                                                                                                          |                             | State<br>CT                         | Zip Code<br>06013         |
| 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>04/01/2026 | Aggregate Contributions<br>\$250.00 | \$250.00                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Buden                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | First<br>Dennis                                                                                                                             |                             | MI                                  | Contribution ID #<br>1446 |
| Residential Street Address<br>51 Case Mountain Rd                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | City<br>Manchester                                                                                                                          |                             | State<br>CT                         | Zip Code<br>06040         |
| Principal Occupation<br>Consultant                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | Name of Employer<br>Dennis Buden Public Relations, LLC                                                                                      |                             |                                     |                           |
| 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>04/01/2026 | 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            |
|-------------------------------------------------------------------------|---------------------------|
| Bysiewicz for CT                                                        | July 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Gacek</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>Brian</b>                                                                                                                       |                                    | MI                                         | Contribution ID #<br><b>1447</b> |
| Residential Street Address<br><b>27 Lakeview Ave</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br><b>New Britain</b>                                                                                                                  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06052</b>         |
| Principal Occupation<br><b>Attorney</b>                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | Name of Employer<br><b>G&amp;B Law, 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>04/01/2026</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Goodwin</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Rich</b>                                                                                                                        |                                    | MI                                         | Contribution ID #<br><b>1448</b> |
| Residential Street Address<br><b>185 Baldwin Dr</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>Bristol</b>                                                                                                                      |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06010</b>         |
| Principal Occupation<br><b>Life Insurance</b>                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | Name of Employer<br><b>Pacific Life</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>05272026E</b>                                                                                                                                | 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>04/01/2026</b> | Aggregate Contributions<br><b>\$104.48</b> | <b>\$104.48</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Giammatteo</b>                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                | First<br><b>Lucille</b>                                                                                                                     |                                    | MI                                        | Contribution ID #<br><b>1449</b> |
| Residential Street Address<br><b>475 E Columbus Blvd</b>                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | City<br><b>New Britain</b>                                                                                                                  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06051</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>04/01/2026</b> | Aggregate Contributions<br><b>\$43.00</b> | <b>\$18.00</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Podbielski</b>                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                | First<br><b>John</b>                                                                                                                        |                                    | MI                                         | Contribution ID #<br><b>1450</b> |
| Residential Street Address<br><b>63 Schultz Rd</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | City<br><b>Berlin</b>                                                                                                                       |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06037</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>04/02/2026</b> | Aggregate Contributions<br><b>\$260.73</b> | <b>\$260.73</b>                  |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Bacon</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>Bonnie</b>                                                                                                                      |                                    | MI                                        | Contribution ID #<br><b>1451</b> |
| Residential Street Address<br><b>1297 Route 163</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>Oakdale</b>                                                                                                                      |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06370</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>04/02/2026</b> | Aggregate Contributions<br><b>\$26.35</b> | <b>\$26.35</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                              |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------|----------------------------------|
| Last Name<br><b>Turner</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Michael</b>                                                                                                                     |                                    | MI                                           | Contribution ID #<br><b>1452</b> |
| Residential Street Address<br><b>859 Westfield St</b>                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | City<br><b>Middletown</b>                                                                                                                   |                                    | State<br><b>CT</b>                           | Zip Code<br><b>06457</b>         |
| Principal Occupation<br><b>Executive</b>                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | Name of Employer<br><b>MJ Turner Exteriors 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>04/02/2026</b> | Aggregate Contributions<br><b>\$2,000.00</b> | <b>\$1,000.00</b>                |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Salgado Sirko</b>                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | First<br><b>Liza</b>                                                                                                                        |                                    | MI                                         | Contribution ID #<br><b>1453</b> |
| Residential Street Address<br><b>42 Donovan Ct</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | City<br><b>Bristol</b>                                                                                                                      |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06010</b>         |
| Principal Occupation<br><b>Office Manager</b>                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | Name of Employer<br><b>Touch of Pride Landscaping 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>05272026E</b>                                                                                                                                | 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>04/02/2026</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Elder</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>David</b>                                                                                                                       |                                    | MI                                        | Contribution ID #<br><b>1454</b> |
| Residential Street Address<br><b>8 Maiden Ln</b>                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | City<br><b>Farmington</b>                                                                                                                   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06032</b>         |
| Principal Occupation<br><b>Land Use Planner &amp; GIS Analyst</b>                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | Name of Employer<br><b>Multiple CT Municipalities</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>04/02/2026</b> | Aggregate Contributions<br><b>\$52.40</b> | <b>\$52.40</b>                   |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Gross</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>Jeffrey</b>                                                                                                                     |                                    | MI                                         | Contribution ID #<br><b>1455</b> |
| Residential Street Address<br><b>33 Kirtland St</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>Deep River</b>                                                                                                                   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06417</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>05172026B</b>                                                                                                                                | 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>04/03/2026</b> | Aggregate Contributions<br><b>\$261.05</b> | <b>\$208.65</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Caron</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>Kimberly</b>                                                                                                                    |                                    | MI                                         | Contribution ID #<br><b>1456</b> |
| Residential Street Address<br><b>69 Massachusetts Dr</b>                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | City<br><b>Bristol</b>                                                                                                                      |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06010</b>         |
| Principal Occupation<br><b>Executive Administrator</b>                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | Name of Employer<br><b>New Opportunities, Inc.</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>05272026E</b>                                                                                                                                | 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>04/03/2026</b> | Aggregate Contributions<br><b>\$200.00</b> | <b>\$200.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Criscuolo</b>                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | First<br><b>Claire</b>                                                                                                                      |                                    | MI                                         | Contribution ID #<br><b>1457</b> |
| Residential Street Address<br><b>284 Cosey Beach Ave</b>                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | City<br><b>East Haven</b>                                                                                                                   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06512</b>         |
| Principal Occupation<br><b>Restaurateur</b>                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | Name of Employer<br><b>Claire's Corner Copia</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>04/03/2026</b> | Aggregate Contributions<br><b>\$512.08</b> | <b>\$225.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Hahn</b>                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | First<br><b>Gregory</b>                                                                                                                     |                                    | MI                                         | Contribution ID #<br><b>1458</b> |
| Residential Street Address<br><b>145 Redwood Dr</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>Bristol</b>                                                                                                                      |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06010</b>         |
| Principal Occupation<br><b>IT</b>                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | Name of Employer<br><b>Cogna</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>04/03/2026</b> | Aggregate Contributions<br><b>\$104.48</b> | <b>\$104.48</b>                  |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                              |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------|----------------------------------|
| Last Name<br><b>Parrish</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Steve</b>                                                                                                                       |                                    | MI                                           | Contribution ID #<br><b>1459</b> |
| Residential Street Address<br><b>273 Saugatuck Ave</b>                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | City<br><b>Westport</b>                                                                                                                     |                                    | State<br><b>CT</b>                           | Zip Code<br><b>06880</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>04/05/2026</b> | Aggregate Contributions<br><b>\$2,000.00</b> | <b>\$1,000.00</b>                |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Catanzaro</b>                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | First<br><b>Paul D</b>                                                                                                                      |                                    | MI                                         | Contribution ID #<br><b>1460</b> |
| Residential Street Address<br><b>250 Hillhurst Ave</b>                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | City<br><b>New Britain</b>                                                                                                                  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06053</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>04/06/2026</b> | Aggregate Contributions<br><b>\$200.00</b> | <b>\$200.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Tomboulides</b>                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | First<br><b>Nicky</b>                                                                                                                       |                                    | MI                                         | Contribution ID #<br><b>1461</b> |
| Residential Street Address<br><b>130 Anton St # B4</b>                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | City<br><b>Bridgeport</b>                                                                                                                   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06606</b>         |
| Principal Occupation<br><b>owner</b>                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | Name of Employer<br><b>Penguin's Best</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>05172026A</b>                                                                                                                                | 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>04/06/2026</b> | Aggregate Contributions<br><b>\$130.83</b> | <b>\$104.48</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Bysiewicz</b>                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | First<br><b>Phyllis</b>                                                                                                                     |                                    | MI                                         | Contribution ID #<br><b>1462</b> |
| Residential Street Address<br><b>1 Billow Rd</b>                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | City<br><b>Old Saybrook</b>                                                                                                                 |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06475</b>         |
| Principal Occupation<br><b>Real Estate</b>                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | Name of Employer<br><b>Berkshire Hathaway</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>04/06/2026</b> | Aggregate Contributions<br><b>\$500.00</b> | <b>\$500.00</b>                  |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Meyer</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>Ed</b>                                                                                                                          |                                    | MI                                         | Contribution ID #<br><b>1463</b> |
| Residential Street Address<br><b>407 Mulberry Point Rd</b>                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | City<br><b>Guilford</b>                                                                                                                     |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06437</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>05172026B</b>                                                                                                                                | 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>04/07/2026</b> | Aggregate Contributions<br><b>\$250.00</b> | <b>\$250.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Lovig</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>Suzanne</b>                                                                                                                     |                                    | MI                                        | Contribution ID #<br><b>1464</b> |
| Residential Street Address<br><b>78 Arrowhead Way</b>                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | City<br><b>Woodbury</b>                                                                                                                     |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06798</b>         |
| Principal Occupation<br><b>Administrative</b>                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | Name of Employer<br><b>TopNotch Painting</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>04/07/2026</b> | Aggregate Contributions<br><b>\$26.35</b> | <b>\$26.35</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Buckheit</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | First<br><b>Eileen</b>                                                                                                                      |                                    | MI                                         | Contribution ID #<br><b>1465</b> |
| Residential Street Address<br><b>429 Johnson Ln</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>Durham</b>                                                                                                                       |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06422</b>         |
| Principal Occupation<br><b>Development Director</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | Name of Employer<br><b>Town of East Hartford</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>05172026B</b>                                                                                                                                | 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>04/07/2026</b> | Aggregate Contributions<br><b>\$104.48</b> | <b>\$104.48</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Cavanaugh</b>                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | First<br><b>Jane</b>                                                                                                                        |                                    | MI                                         | Contribution ID #<br><b>1466</b> |
| Residential Street Address<br><b>177 Essex St</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | City<br><b>Deep River</b>                                                                                                                   |                                    | State<br><b>CT</b>                         | Zip Code                         |
| 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>04/07/2026</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            |
|-------------------------------------------------------------------------|---------------------------|
| Bysiewicz for CT                                                        | July 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Wynne</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>Robert</b>                                                                                                                      |                                    | MI                                         | Contribution ID #<br><b>1467</b> |
| Residential Street Address<br><b>17 Hill Top</b>                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | City<br><b>Burlington</b>                                                                                                                   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06013</b>         |
| Principal Occupation<br><b>Lawyer</b>                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | Name of Employer<br><b>Robert K Wynne, Attorney</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>04/08/2026</b> | Aggregate Contributions<br><b>\$250.00</b> | <b>\$250.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Londregan</b>                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | First<br><b>Thomas</b>                                                                                                                      |                                    | MI<br><b>J</b>                             | Contribution ID #<br><b>1468</b> |
| Residential Street Address<br><b>88 Cove View Rd</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br><b>New London</b>                                                                                                                   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06320</b>         |
| Principal Occupation<br><b>Lawyer</b>                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | Name of Employer<br><b>Conway Londregan Sheehan &amp; Monaco</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>04/08/2026</b> | Aggregate Contributions<br><b>\$250.00</b> | <b>\$250.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Meyer</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>Kristen</b>                                                                                                                     |                                    | MI                                        | Contribution ID #<br><b>1469</b> |
| Residential Street Address<br><b>9 School Hill Ln</b>                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | City<br><b>Westbrook</b>                                                                                                                    |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06498</b>         |
| Principal Occupation<br><b>Research Administrator</b>                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | Name of Employer<br><b>Yale University</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>04/10/2026</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Wenck</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>Bill</b>                                                                                                                        |                                    | MI                                        | Contribution ID #<br><b>1470</b> |
| Residential Street Address<br><b>110 Mile Creek Rd</b>                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | City<br><b>Old Lyme</b>                                                                                                                     |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06371</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>04/10/2026</b> | Aggregate Contributions<br><b>\$21.46</b> | <b>\$10.73</b>                   |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Kearcher</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | First<br><b>Lynn</b>                                                                                                                        |                                    | MI                                        | Contribution ID #<br><b>1471</b> |
| Residential Street Address<br><b>148 Fairchild Rd</b>                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | City<br><b>Sharon</b>                                                                                                                       |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06069</b>         |
| Principal Occupation<br><b>Writer/ Town Selectman</b>                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | Name of Employer<br><b>Freelance</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>04/10/2026</b> | Aggregate Contributions<br><b>\$78.76</b> | <b>\$52.40</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Mcdonald</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | First<br><b>Angus</b>                                                                                                                       |                                    | MI                                         | Contribution ID #<br><b>1472</b> |
| Residential Street Address<br><b>138 Kirtland St</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br><b>Deep River</b>                                                                                                                   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06417</b>         |
| Principal Occupation<br><b>Land Surveyor-civil engineer</b>                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | Name of Employer<br><b>Angus McDonald / Gary Sharpe &amp; Associates</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>05172026B</b>                                                                                                                                | 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>04/10/2026</b> | Aggregate Contributions<br><b>\$260.73</b> | <b>\$260.73</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Nocera</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Karen</b>                                                                                                                       |                                    | MI                                         | Contribution ID #<br><b>1473</b> |
| Residential Street Address<br><b>64 Reservoir Rd</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br><b>Middletown</b>                                                                                                                   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06457</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>04/10/2026</b> | Aggregate Contributions<br><b>\$104.80</b> | <b>\$52.40</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>de Brigard</b>                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                | First<br><b>Raul</b>                                                                                                                        |                                    | MI                                        | Contribution ID #<br><b>1474</b> |
| Residential Street Address<br><b>8 Christian Hill Rd</b>                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | City<br><b>Higganum</b>                                                                                                                     |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06441</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>04/10/2026</b> | Aggregate Contributions<br><b>\$23.00</b> | <b>\$10.00</b>                   |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Barnes</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Hubert</b>                                                                                                                      |                                    | MI<br><b>J</b>                             | Contribution ID #<br><b>1475</b> |
| Residential Street Address<br><b>169 Margaret Cir</b>                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | City<br><b>Naugatuck</b>                                                                                                                    |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06770</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>04/10/2026</b> | Aggregate Contributions<br><b>\$250.00</b> | <b>\$250.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Delaney</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Peter</b>                                                                                                                       |                                    | MI<br><b>CT</b>                            | Contribution ID #<br><b>1476</b> |
| Residential Street Address<br><b>25 Summerwood Ln</b>                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | City<br><b>South Windsor</b>                                                                                                                |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06074</b>         |
| Principal Occupation<br><b>Peter Delaney</b>                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | Name of Employer<br><b>CPA</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>04/10/2026</b> | Aggregate Contributions<br><b>\$250.00</b> | <b>\$250.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Geenty</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Kevin</b>                                                                                                                       |                                    | MI<br><b>C</b>                             | Contribution ID #<br><b>1477</b> |
| Residential Street Address<br><b>324 Three Mile Crse</b>                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | City<br><b>Guilford</b>                                                                                                                     |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06437</b>         |
| Principal Occupation<br><b>Commercial Real Estate-Broker and Owner</b>                                                                                                                                                                                                                                               |                                                                                                                                                                                                | Name of Employer<br><b>Greenty Group, Realtors</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>04/10/2026</b> | Aggregate Contributions<br><b>\$500.00</b> | <b>\$500.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                              |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------|----------------------------------|
| Last Name<br><b>Holstein</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | First<br><b>John</b>                                                                                                                        |                                    | MI<br><b>P</b>                               | Contribution ID #<br><b>1478</b> |
| Residential Street Address<br><b>337 Stonington Rd</b>                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | City<br><b>Stonington</b>                                                                                                                   |                                    | State<br><b>CT</b>                           | Zip Code<br><b>06378</b>         |
| Principal Occupation<br><b>Owner</b>                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | Name of Employer<br><b>Spicer Plus INC.</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>04/10/2026</b> | Aggregate Contributions<br><b>\$2,000.00</b> | <b>\$1,000.00</b>                |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                              |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------|----------------------------------|
| Last Name<br><b>Holzer</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Katherine</b>                                                                                                                   |                                    | MI<br><b></b>                                | Contribution ID #<br><b>1479</b> |
| Residential Street Address<br><b>821 Pomfret St</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>Pomfret</b>                                                                                                                      |                                    | State<br><b>CT</b>                           | Zip Code<br><b>06258</b>         |
| Principal Occupation<br><b>Director</b>                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | Name of Employer<br><b>Westview Childcare Center, 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 checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br><b>04/10/2026</b> | Aggregate Contributions<br><b>\$2,000.00</b> | <b>\$2,000.00</b>                |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Reedy</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>Cheryl</b>                                                                                                                      |                                    | MI<br><b>D</b>                            | Contribution ID #<br><b>1480</b> |
| Residential Street Address<br><b>88 Gillotti Rd</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>New Fairfield</b>                                                                                                                |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06812</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>04/10/2026</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                              |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------|----------------------------------|
| Last Name<br><b>Stevens</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Peter</b>                                                                                                                       |                                    | MI<br><b>N</b>                               | Contribution ID #<br><b>1481</b> |
| Residential Street Address<br><b>8 Powaget Ave</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | City<br><b>Charlestown</b>                                                                                                                  |                                    | State<br><b>RI</b>                           | Zip Code<br><b>02813</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>04/10/2026</b> | Aggregate Contributions<br><b>\$2,000.00</b> | <b>\$2,000.00</b>                |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                              |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------|----------------------------------|
| Last Name<br><b>Sullivan</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | First<br><b>James</b>                                                                                                                       |                                    | MI<br><b>F</b>                               | Contribution ID #<br><b>1482</b> |
| Residential Street Address<br><b>41 High Farms Rd</b>                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | City<br><b>West Hartford</b>                                                                                                                |                                    | State<br><b>CT</b>                           | Zip Code<br><b>06107</b>         |
| Principal Occupation<br><b>attorney</b>                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | Name of Employer<br><b>Logan, Vance, Sullivan &amp; Kores LLP</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>04/10/2026</b> | Aggregate Contributions<br><b>\$1,000.00</b> | <b>\$1,000.00</b>                |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Spolyar</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Marcy</b>                                                                                                                       |                                    | MI                                        | Contribution ID #<br><b>1483</b> |
| Residential Street Address<br><b>110 Brookridge Ave</b>                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | City<br><b>Fairfield</b>                                                                                                                    |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06825</b>         |
| Principal Occupation<br><b>physical therapist</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | Name of Employer<br><b>Stratford VNA</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>04/12/2026</b> | Aggregate Contributions<br><b>\$26.35</b> | <b>\$26.35</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Carlson</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>P Martha</b>                                                                                                                    |                                    | MI                                         | Contribution ID #<br><b>1484</b> |
| Residential Street Address<br><b>33 Horseshoe Rd</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br><b>Guilford</b>                                                                                                                     |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06437</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>04/13/2026</b> | Aggregate Contributions<br><b>\$250.00</b> | <b>\$250.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Levine</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Seth</b>                                                                                                                        |                                    | MI                                         | Contribution ID #<br><b>1485</b> |
| Residential Street Address<br><b>60 Birch Pl</b>                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | City<br><b>Stratford</b>                                                                                                                    |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06614</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>04/13/2026</b> | Aggregate Contributions<br><b>\$126.35</b> | <b>\$100.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Cook-Littman</b>                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | First<br><b>Tara</b>                                                                                                                        |                                    | MI                                         | Contribution ID #<br><b>1486</b> |
| Residential Street Address<br><b>5460 Congress St</b>                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | City<br><b>Fairfield</b>                                                                                                                    |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06824</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 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>04/13/2026</b> | Aggregate Contributions<br><b>\$375.31</b> | <b>\$375.31</b>                  |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Blackford</b>                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | First<br><b>Vivien</b>                                                                                                                      |                                    | MI                                         | Contribution ID #<br><b>1487</b> |
| Residential Street Address<br><b>200 Leeder Hill Dr Apt 2305</b>                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | City<br><b>Hamden</b>                                                                                                                       |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06517</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>04/14/2026</b> | Aggregate Contributions<br><b>\$300.00</b> | <b>\$300.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>wannagot</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | First<br><b>robert</b>                                                                                                                      |                                    | MI                                         | Contribution ID #<br><b>1488</b> |
| Residential Street Address<br><b>9644 SW Forestwood Ave</b>                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | City<br><b>Port St Lucie</b>                                                                                                                |                                    | State<br><b>FL</b>                         | Zip Code<br><b>34987</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>04/14/2026</b> | Aggregate Contributions<br><b>\$104.48</b> | <b>\$104.48</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Tracy</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>Karen</b>                                                                                                                       |                                    | MI                                         | Contribution ID #<br><b>1489</b> |
| Residential Street Address<br><b>271 Castle Dr</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | City<br><b>Stratford</b>                                                                                                                    |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06614</b>         |
| Principal Occupation<br><b>Software Engineer</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>05172026A</b>                                                                                                                                | 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>04/15/2026</b> | Aggregate Contributions<br><b>\$260.73</b> | <b>\$260.73</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Gettinger</b>                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | First<br><b>Ben</b>                                                                                                                         |                                    | MI                                         | Contribution ID #<br><b>1490</b> |
| Residential Street Address<br><b>596 Gulf St</b>                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | City<br><b>Milford</b>                                                                                                                      |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06460</b>         |
| Principal Occupation<br><b>Probate Judge</b>                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | Name of Employer<br><b>State of Connecticut-Probate Court</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>04/15/2026</b> | Aggregate Contributions<br><b>\$260.73</b> | <b>\$260.73</b>                  |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Reid</b>                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | First<br><b>Carolann</b>                                                                                                                    |                                    | MI                                         | Contribution ID #<br><b>1491</b> |
| Residential Street Address<br><b>360 Harvest Ridge Rd</b>                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | City<br><b>Stratford</b>                                                                                                                    |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06614</b>         |
| Principal Occupation<br><b>Program Director</b>                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Name of Employer<br><b>Career Resources Inc</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>05172026A</b>                                                                                                                                | 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>04/15/2026</b> | Aggregate Contributions<br><b>\$104.48</b> | <b>\$104.48</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                              |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------|----------------------------------|
| Last Name<br><b>Flagg</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>Julie</b>                                                                                                                       |                                    | MI                                           | Contribution ID #<br><b>1492</b> |
| Residential Street Address<br><b>115 Cedar Lake Rd</b>                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | City<br><b>Chester</b>                                                                                                                      |                                    | State<br><b>CT</b>                           | Zip Code<br><b>06412</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>04/15/2026</b> | Aggregate Contributions<br><b>\$2,000.00</b> | <b>\$1,000.00</b>                |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Nowak</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>Roman</b>                                                                                                                       |                                    | MI                                         | Contribution ID #<br><b>1493</b> |
| Residential Street Address<br><b>145 Torkom Dr</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | City<br><b>New Britain</b>                                                                                                                  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06053</b>         |
| Principal Occupation<br><b>Tool Maker</b>                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | Name of Employer<br><b>Focus Technology</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>04/15/2026</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Eastwood</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | First<br><b>Valerie</b>                                                                                                                     |                                    | MI                                         | Contribution ID #<br><b>1494</b> |
| Residential Street Address<br><b>10 Haven Drice</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>Granby</b>                                                                                                                       |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06035</b>         |
| Principal Occupation<br><b>General Counsel &amp; Chief C</b>                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | Name of Employer<br><b>MED-EL Corp</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>04/16/2026</b> | Aggregate Contributions<br><b>\$260.73</b> | <b>\$260.73</b>                  |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Williams</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | First<br><b>Maureen</b>                                                                                                                     |                                    | MI                                         | Contribution ID #<br><b>1495</b> |
| Residential Street Address<br><b>3 Sunset Rd</b>                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | City<br><b>Easton</b>                                                                                                                       |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06612</b>         |
| Principal Occupation<br><b>Attorney</b>                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | Name of Employer<br><b>Maureen 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>04/16/2026</b> | Aggregate Contributions<br><b>\$500.00</b> | <b>\$500.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Orenstein</b>                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | First<br><b>Joanne</b>                                                                                                                      |                                    | MI                                        | Contribution ID #<br><b>1496</b> |
| Residential Street Address<br><b>40 Walker Rd</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | City<br><b>Trumbull</b>                                                                                                                     |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06611</b>         |
| Principal Occupation<br><b>Health &amp; Wellness Director</b>                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | Name of Employer<br><b>Lakewood-Trumbull Y</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>04/17/2026</b> | Aggregate Contributions<br><b>\$25.00</b> | <b>\$25.00</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Bacchus Lee</b>                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | First<br><b>Rafeena</b>                                                                                                                     |                                    | MI                                         | Contribution ID #<br><b>1497</b> |
| Residential Street Address<br><b>3 Hamilton Way</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>Farmington</b>                                                                                                                   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06032</b>         |
| Principal Occupation<br><b>Attorney</b>                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | Name of Employer<br><b>State of CT/Office of the Attorney General</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>04/17/2026</b> | Aggregate Contributions<br><b>\$320.00</b> | <b>\$320.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                              |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------|----------------------------------|
| Last Name<br><b>Dressler</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | First<br><b>Jeffrey</b>                                                                                                                     |                                    | MI<br><b>P</b>                               | Contribution ID #<br><b>1498</b> |
| Residential Street Address<br><b>84 Cedar St</b>                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | City<br><b>Hartford</b>                                                                                                                     |                                    | State<br><b>CT</b>                           | Zip Code<br><b>06106</b>         |
| Principal Occupation<br><b>Attorney</b>                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | Name of Employer<br><b>Dressler Strickland</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>04/17/2026</b> | Aggregate Contributions<br><b>\$1,000.00</b> | <b>\$1,000.00</b>                |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Gadkar-Wilcox</b>                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | First<br><b>Wynn</b>                                                                                                                        |                                    | MI                                         | Contribution ID #<br><b>1499</b> |
| Residential Street Address<br><b>36 Overlook Places</b>                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | City<br><b>Trumbull</b>                                                                                                                     |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06611</b>         |
| Principal Occupation<br><b>Professor</b>                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | Name of Employer<br><b>Western Connecticut State Univ</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>04/17/2026</b> | Aggregate Contributions<br><b>\$208.65</b> | <b>\$208.65</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                              |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------|----------------------------------|
| Last Name<br><b>James</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>Harold</b>                                                                                                                      |                                    | MI<br><b>T</b>                               | Contribution ID #<br><b>1500</b> |
| Residential Street Address<br><b>265 Belltown Rd</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br><b>Glastonbury</b>                                                                                                                  |                                    | State<br><b>CT</b>                           | Zip Code<br><b>06073</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>04/17/2026</b> | Aggregate Contributions<br><b>\$2,000.00</b> | <b>\$2,000.00</b>                |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Haley</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>Shawn</b>                                                                                                                       |                                    | MI                                         | Contribution ID #<br><b>1501</b> |
| Residential Street Address<br><b>25 Odell Avw</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | City<br><b>Milford</b>                                                                                                                      |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06460</b>         |
| Principal Occupation<br><b>programmer</b>                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | Name of Employer<br><b>Jaystar Group</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>04/18/2026</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Keyes</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>John</b>                                                                                                                        |                                    | MI                                         | Contribution ID #<br><b>1502</b> |
| Residential Street Address<br><b>63 Marvel Rd</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | City<br><b>New Haven</b>                                                                                                                    |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06515</b>         |
| Principal Occupation<br><b>Attorney</b>                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | Name of Employer<br><b>Keyes &amp; Looney</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>04/18/2026</b> | Aggregate Contributions<br><b>\$250.00</b> | <b>\$250.00</b>                  |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Keyes</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>Elizabeth</b>                                                                                                                   |                                    | MI                                         | Contribution ID #<br><b>1503</b> |
| Residential Street Address<br><b>119 Dix Rd</b>                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | City<br><b>Wethersfield</b>                                                                                                                 |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06109</b>         |
| Principal Occupation<br><b>Attorney</b>                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | Name of Employer<br><b>State of CT</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>06102026H</b>                                                                                                                                | 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>04/18/2026</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Obuchowski</b>                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                | First<br><b>Elsa</b>                                                                                                                        |                                    | MI                                        | Contribution ID #<br><b>1504</b> |
| Residential Street Address<br><b>41 East Ave</b>                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | City<br><b>Norwalk</b>                                                                                                                      |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06851</b>         |
| Principal Occupation<br><b>editor-writer</b>                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | Name of Employer<br><b>Elsa Peterson Ltd.</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>04/18/2026</b> | Aggregate Contributions<br><b>\$21.15</b> | <b>\$21.15</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Sekorski</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | First<br><b>David</b>                                                                                                                       |                                    | MI                                         | Contribution ID #<br><b>1505</b> |
| Residential Street Address<br><b>25 Fairview Ave</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br><b>Terryville</b>                                                                                                                   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06786</b>         |
| Principal Occupation<br><b>Mayor</b>                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | Name of Employer<br><b>Town of Plymouth</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>05272026E</b>                                                                                                                                | 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>04/19/2026</b> | Aggregate Contributions<br><b>\$320.00</b> | <b>\$320.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Conant</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Lisa</b>                                                                                                                        |                                    | MI                                        | Contribution ID #<br><b>1506</b> |
| Residential Street Address<br><b>173 Pucker St</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | City<br><b>Coventry</b>                                                                                                                     |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06238</b>         |
| Principal Occupation<br><b>Sr. Grants and Contracts Specialist</b>                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | Name of Employer<br><b>University of Connecticut</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>04/19/2026</b> | Aggregate Contributions<br><b>\$52.40</b> | <b>\$52.40</b>                   |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                              |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------|----------------------------------|
| Last Name<br><b>Crumbie</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Andrew</b>                                                                                                                      |                                    | MI                                           | Contribution ID #<br><b>1507</b> |
| Residential Street Address<br><b>9 Rushleigh Rd</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>West Hartford</b>                                                                                                                |                                    | State<br><b>CT</b>                           | Zip Code<br><b>06117</b>         |
| Principal Occupation<br><b>lawyer</b>                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | Name of Employer<br><b>crumie law group</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>04/20/2026</b> | Aggregate Contributions<br><b>\$2,000.00</b> | <b>\$1,000.00</b>                |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Dowd</b>                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | First<br><b>Caroline</b>                                                                                                                    |                                    | MI                                        | Contribution ID #<br><b>1508</b> |
| Residential Street Address<br><b>302 Pine Lake Dr</b>                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | City<br><b>Coventry</b>                                                                                                                     |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06238</b>         |
| Principal Occupation<br><b>Teacher</b>                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | Name of Employer<br><b>Hartford 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>04/20/2026</b> | Aggregate Contributions<br><b>\$25.00</b> | <b>\$25.00</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Haddad</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Gregory</b>                                                                                                                     |                                    | MI                                         | Contribution ID #<br><b>1509</b> |
| Residential Street Address<br><b>28 Storrs Heights Rd</b>                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | City<br><b>Storrs</b>                                                                                                                       |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06268</b>         |
| Principal Occupation<br><b>Legislator</b>                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | Name of Employer<br><b>State of CT</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>04/20/2026</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>mackstutis</b>                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                | First<br><b>wendy</b>                                                                                                                       |                                    | MI                                         | Contribution ID #<br><b>1510</b> |
| Residential Street Address<br><b>16 Hunting Ridge Dr</b>                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | City<br><b>Simsbury</b>                                                                                                                     |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06070</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>06012026G</b>                                                                                                                                | 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>04/21/2026</b> | Aggregate Contributions<br><b>\$250.00</b> | <b>\$250.00</b>                  |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Tate</b>                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | First<br><b>Rosemarie</b>                                                                                                                   |                                    | MI                                         | Contribution ID #<br><b>1511</b> |
| Residential Street Address<br><b>598 S Quaker Ln</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br><b>West Hartford</b>                                                                                                                |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06110</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>06012026G</b>                                                                                                                                | 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>04/21/2026</b> | Aggregate Contributions<br><b>\$104.48</b> | <b>\$104.48</b>                  |

|                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Rossetti</b>                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | First<br><b>Marilyn</b>                                                                                                                     |                                    | MI                                        | Contribution ID #<br><b>1512</b> |
| Residential Street Address<br><b>6 Goodwin Cir</b>                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | City<br><b>Hartford</b>                                                                                                                     |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06105</b>         |
| Principal Occupation<br><b>CEO</b>                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | Name of Employer<br><b>The Open Hearth</b>                                                                                                  |                                    |                                           |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input checked="" 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>04/21/2026</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Cobb</b>                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | First<br><b>Christopher</b>                                                                                                                 |                                    | MI                                         | Contribution ID #<br><b>1513</b> |
| Residential Street Address<br><b>1 Gold St # 20-D</b>                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | City<br><b>Hartford</b>                                                                                                                     |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06103</b>         |
| Principal Occupation<br><b>Lawyer</b>                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | Name of Employer<br><b>Christopher Cobb</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>04/21/2026</b> | Aggregate Contributions<br><b>\$104.48</b> | <b>\$104.48</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Hernandez</b>                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | First<br><b>Amilcar</b>                                                                                                                     |                                    | MI                                         | Contribution ID #<br><b>1514</b> |
| Residential Street Address<br><b>332 Freeman St</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>Hartford</b>                                                                                                                     |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06106</b>         |
| Principal Occupation<br><b>Chief Financial Officer</b>                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | Name of Employer<br><b>New Haven Board of Education</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>06012026G</b>                                                                                                                                | 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>04/21/2026</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            |
|-------------------------------------------------------------------------|---------------------------|
| Bysiewicz for CT                                                        | July 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                    |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>McCreery                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | First<br>Ellen                                                                                                                              |                             | MI                                 | Contribution ID #<br>1515 |
| Residential Street Address<br>39 Greene Ter                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | City<br>East Hartford                                                                                                                       |                             | State<br>CT                        | Zip Code<br>06108         |
| Principal Occupation<br>accountant                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | Name of Employer<br>Hartford                                                                                                                |                             |                                    |                           |
| 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>04/21/2026 | Aggregate Contributions<br>\$50.00 | \$25.00                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Sullivan                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | First<br>Kevin                                                                                                                              |                             | MI                                  | Contribution ID #<br>1516 |
| Residential Street Address<br>70 Timberwood Rd                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                | City<br>West Hartford                                                                                                                       |                             | State<br>CT                         | Zip Code<br>06117         |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>06012026G</u>                                                                                                                                | 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>04/21/2026 | Aggregate Contributions<br>\$252.40 | \$200.00                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                    |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>Sparago                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | First<br>Cynthia                                                                                                                            |                             | MI                                 | Contribution ID #<br>1517 |
| Residential Street Address<br>42 Caroline Rd                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | City<br>East Haven                                                                                                                          |                             | State<br>CT                        | Zip Code<br>06512         |
| Principal Occupation<br>Deputy Registrar of Voters                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | Name of Employer<br>Town of East Haven                                                                                                      |                             |                                    |                           |
| 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>04/21/2026 | Aggregate Contributions<br>\$25.00 | \$25.00                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Markham                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | First<br>Mary                                                                                                                               |                             | MI                                  | Contribution ID #<br>1518 |
| Residential Street Address<br>3 Stony Brook Cir                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | City<br>Trumbull                                                                                                                            |                             | State<br>CT                         | Zip Code<br>06611         |
| Principal Occupation<br>Town Clerk                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | 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 type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br>04/22/2026 | Aggregate Contributions<br>\$104.48 | \$104.48                  |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>White</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>David</b>                                                                                                                       |                                    | MI                                         | Contribution ID #<br><b>1519</b> |
| Residential Street Address<br><b>855 Boston Post Rd</b>                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | City<br><b>West Haven</b>                                                                                                                   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06511</b>         |
| Principal Occupation<br><b>Sales</b>                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | Name of Employer<br><b>Universal Hotel Liquidators</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>04/22/2026</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$50.00</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Jimenez Porrata</b>                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | First<br><b>Cristopher</b>                                                                                                                  |                                    | MI                                         | Contribution ID #<br><b>1520</b> |
| Residential Street Address<br><b>68 Anthony Rd</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | City<br><b>Tolland</b>                                                                                                                      |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06084</b>         |
| Principal Occupation<br><b>Office Manager</b>                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | Name of Employer<br><b>Carmon Funeral Homes</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>04/22/2026</b> | Aggregate Contributions<br><b>\$250.00</b> | <b>\$250.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Nosal</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>Mary Jo</b>                                                                                                                     |                                    | MI                                         | Contribution ID #<br><b>1521</b> |
| Residential Street Address<br><b>12 Swanswood Ln</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br><b>Old Lyme</b>                                                                                                                     |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06371</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>04/22/2026</b> | Aggregate Contributions<br><b>\$354.48</b> | <b>\$104.48</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Riordan</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Barbara</b>                                                                                                                     |                                    | MI                                         | Contribution ID #<br><b>1522</b> |
| Residential Street Address<br><b>855 Merrow Rd</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | City<br><b>Coventry</b>                                                                                                                     |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06238</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>04/22/2026</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            |
|-------------------------------------------------------------------------|---------------------------|
| Bysiewicz for CT                                                        | July 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Goldwasser                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | First<br>Jeffrey                                                                                                                            |                             | MI                                  | Contribution ID #<br>1523 |
| Residential Street Address<br>92 Red Barn Rd                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | 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 type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br>04/23/2026 | Aggregate Contributions<br>\$500.00 | \$250.00                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                       |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|---------------------------------------|---------------------------|
| Last Name<br>Crown                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | First<br>Ellen                                                                                                                              |                             | MI                                    | Contribution ID #<br>1524 |
| Residential Street Address<br>960 Park Ave # 4E                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | City<br>New York                                                                                                                            |                             | State<br>NY                           | Zip Code<br>10028         |
| 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>04/23/2026 | Aggregate Contributions<br>\$2,083.07 | \$1,041.98                |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Lombard                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | First<br>Francis                                                                                                                            |                             | MI                                  | Contribution ID #<br>1525 |
| Residential Street Address<br>173 Pucker St                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | City<br>Coventry                                                                                                                            |                             | State<br>CT                         | Zip Code<br>06238         |
| Principal Occupation<br>Senior QA Tech                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | Name of Employer<br>HP Hood                                                                                                                 |                             |                                     |                           |
| 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>04/23/2026 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Callahan                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | First<br>Kathleen                                                                                                                           |                             | MI                                  | Contribution ID #<br>1526 |
| Residential Street Address<br>271 Castle Dr                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | City<br>Stratford                                                                                                                           |                             | State<br>CT                         | Zip Code<br>06614         |
| Principal Occupation<br>Consultant                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | Name of Employer<br>United Way of Coastal and Western CT                                                                                    |                             |                                     |                           |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>05172026A</u>                                                                                                                                | 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>04/23/2026 | Aggregate Contributions<br>\$260.73 | \$260.73                  |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Florek</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Alexander</b>                                                                                                                   |                                    | MI<br><b>J</b>                             | Contribution ID #<br><b>1527</b> |
| Residential Street Address<br><b>45 Colonial Ave</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br><b>Milford</b>                                                                                                                      |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06401</b>         |
| Principal Occupation<br><b>Attorney</b>                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | Name of Employer<br><b>Florek &amp; O' Neill 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 checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br><b>04/23/2026</b> | Aggregate Contributions<br><b>\$320.00</b> | <b>\$320.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Moonan</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Patricia</b>                                                                                                                    |                                    | MI<br><b>CT</b>                            | Contribution ID #<br><b>1528</b> |
| Residential Street Address<br><b>100 Parrott Dr # 1704</b>                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | City<br><b>Shelton</b>                                                                                                                      |                                    | State<br><b>CT</b>                         | Zip Code                         |
| Principal Occupation<br><b>Marriage and Family Therapist</b>                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | Name of Employer<br><b>Complete Counseling Group</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>04/24/2026</b> | Aggregate Contributions<br><b>\$782.19</b> | <b>\$260.73</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Cann</b>                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | First<br><b>Dr. Immacula</b>                                                                                                                |                                    | MI<br><b>CT</b>                            | Contribution ID #<br><b>1529</b> |
| Residential Street Address<br><b>234 Klondike St</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br><b>Stratford</b>                                                                                                                    |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06614</b>         |
| Principal Occupation<br><b>DNP-RN</b>                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | Name of Employer<br><b>Silver Hill Hospital</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>05172026A</b>                                                                                                                                | 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>04/24/2026</b> | Aggregate Contributions<br><b>\$104.48</b> | <b>\$104.48</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Tomboulides</b>                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | First<br><b>Nicky</b>                                                                                                                       |                                    | MI<br><b>CT</b>                            | Contribution ID #<br><b>1530</b> |
| Residential Street Address<br><b>130 Anton St # B4</b>                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | City<br><b>Bridgeport</b>                                                                                                                   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06606</b>         |
| Principal Occupation<br><b>owner</b>                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | Name of Employer<br><b>Penguin's Best</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>05172026A</b>                                                                                                                                | 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>04/24/2026</b> | Aggregate Contributions<br><b>\$130.83</b> | <b>\$104.48</b>                  |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Langer</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Robert</b>                                                                                                                      |                                    | MI                                         | Contribution ID #<br><b>1531</b> |
| Residential Street Address<br><b>56 Brewster Rd</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>West Hartford</b>                                                                                                                |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06117</b>         |
| Principal Occupation<br><b>Attorney</b>                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | Name of Employer<br><b>Wiggin and Dana LLP</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>04/24/2026</b> | Aggregate Contributions<br><b>\$156.56</b> | <b>\$156.56</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>DeFronzo</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | First<br><b>Donald</b>                                                                                                                      |                                    | MI                                         | Contribution ID #<br><b>1532</b> |
| Residential Street Address<br><b>9 Bedford St .</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>New Britain</b>                                                                                                                  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06051</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>04/24/2026</b> | Aggregate Contributions<br><b>\$104.48</b> | <b>\$104.48</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>DeFronzo</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | First<br><b>Diane</b>                                                                                                                       |                                    | MI                                        | Contribution ID #<br><b>1533</b> |
| Residential Street Address<br><b>9 Bedford St .</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>New Britain</b>                                                                                                                  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06051</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>04/24/2026</b> | Aggregate Contributions<br><b>\$52.40</b> | <b>\$52.40</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Hernandez Chavez</b>                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | First<br><b>Carlos</b>                                                                                                                      |                                    | MI                                         | Contribution ID #<br><b>1534</b> |
| Residential Street Address<br><b>12 Mohegan Rd</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | City<br><b>Groton</b>                                                                                                                       |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06340</b>         |
| Principal Occupation<br><b>Retired</b>                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | Name of Employer<br><b>City of Hartford</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>06012026G</b>                                                                                                                                | 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>04/24/2026</b> | Aggregate Contributions<br><b>\$104.48</b> | <b>\$104.48</b>                  |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                              |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------|----------------------------------|
| Last Name<br><b>Bayne</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>David</b>                                                                                                                       |                                    | MI                                           | Contribution ID #<br><b>1535</b> |
| Residential Street Address<br><b>5 Windsor Rd</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | City<br><b>Darien</b>                                                                                                                       |                                    | State<br><b>CT</b>                           | Zip Code<br><b>06820</b>         |
| Principal Occupation<br><b>Attorney</b>                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | Name of Employer<br><b>Akerman LLP</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>04/25/2026</b> | Aggregate Contributions<br><b>\$2,041.98</b> | <b>\$1,041.98</b>                |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Billings-Smith</b>                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | First<br><b>Adrienne (Ace)</b>                                                                                                              |                                    | MI                                         | Contribution ID #<br><b>1536</b> |
| Residential Street Address<br><b>21 Greenbrier Dr</b>                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | City<br><b>West Hartford</b>                                                                                                                |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06117</b>         |
| Principal Occupation<br><b>Manager, Employee Development</b>                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | Name of Employer<br><b>Town of West Hartford</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>06012026G</b>                                                                                                                                | 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>04/25/2026</b> | Aggregate Contributions<br><b>\$104.48</b> | <b>\$104.48</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Boyce</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>David</b>                                                                                                                       |                                    | MI                                         | Contribution ID #<br><b>1537</b> |
| Residential Street Address<br><b>207 George St Apt 421</b>                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | City<br><b>Middletown</b>                                                                                                                   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06457</b>         |
| Principal Occupation<br><b>Director of Emergency Communications</b>                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | Name of Employer<br><b>City of Meriden</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>04/25/2026</b> | Aggregate Contributions<br><b>\$250.00</b> | <b>\$250.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Rowland</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Kerri</b>                                                                                                                       |                                    | MI                                         | Contribution ID #<br><b>1538</b> |
| Residential Street Address<br><b>161 Beach Ave</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | City<br><b>Milford</b>                                                                                                                      |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06460</b>         |
| Principal Occupation<br><b>Registrar of voters</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | Name of Employer<br><b>City of Milford</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>04/25/2026</b> | Aggregate Contributions<br><b>\$104.48</b> | <b>\$104.48</b>                  |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Wenograd</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | First<br><b>Ben</b>                                                                                                                         |                                    | MI                                         | Contribution ID #<br><b>1539</b> |
| Residential Street Address<br><b>39 Lilley Rd</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | City<br><b>West Hartford</b>                                                                                                                |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06119</b>         |
| Principal Occupation<br><b>Union Representative</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | Name of Employer<br><b>AFT Connecticut</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>06012026G</b>                                                                                                                                | 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>04/25/2026</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Heimer</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Win</b>                                                                                                                         |                                    | MI                                        | Contribution ID #<br><b>1540</b> |
| Residential Street Address<br><b>799 Prospect Ave # A2</b>                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | City<br><b>West Hartford</b>                                                                                                                |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06105</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>06012026G</b>                                                                                                                                | 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>04/25/2026</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Thomas</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Lisa</b>                                                                                                                        |                                    | MI                                         | Contribution ID #<br><b>1541</b> |
| Residential Street Address<br><b>255 Geraldine Dr</b>                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | City<br><b>Coventry</b>                                                                                                                     |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06238</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>04/25/2026</b> | Aggregate Contributions<br><b>\$252.40</b> | <b>\$52.40</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Harrington</b>                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                | First<br><b>Anthony</b>                                                                                                                     |                                    | MI                                         | Contribution ID #<br><b>1542</b> |
| Residential Street Address<br><b>3 Boysen Dr</b>                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | City<br><b>Bloomfield</b>                                                                                                                   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06002</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>06012026G</b>                                                                                                                                | 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>04/25/2026</b> | Aggregate Contributions<br><b>\$104.48</b> | <b>\$104.48</b>                  |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Baram</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>David</b>                                                                                                                       |                                    | MI                                         | Contribution ID #<br><b>1543</b> |
| Residential Street Address<br><b>5 Warbler Cir</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | City<br><b>Bloomfield</b>                                                                                                                   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06002</b>         |
| Principal Occupation<br><b>Attorney</b>                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | Name of Employer<br><b>O'Malley Deneen Leary Messena Oswecki</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>06012026G</b>                                                                                                                                | 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>04/25/2026</b> | Aggregate Contributions<br><b>\$260.73</b> | <b>\$260.73</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Neseralla</b>                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | First<br><b>Clare</b>                                                                                                                       |                                    | MI                                         | Contribution ID #<br><b>1544</b> |
| Residential Street Address<br><b>21 Sedgwick Rd .</b>                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | City<br><b>West Hartford</b>                                                                                                                |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06107</b>         |
| Principal Occupation<br><b>Teacher</b>                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | Name of Employer<br><b>CREC</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>06012026G</b>                                                                                                                                | 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>04/26/2026</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>McCluskey</b>                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | First<br><b>David</b>                                                                                                                       |                                    | MI                                         | Contribution ID #<br><b>1545</b> |
| Residential Street Address<br><b>251 Westpoint Ter</b>                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | City<br><b>West Hartford</b>                                                                                                                |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06107</b>         |
| Principal Occupation<br><b>Legislative Liaison</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | Name of Employer<br><b>State of Connecticut</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>04/26/2026</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Crockett</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | First<br><b>Gail</b>                                                                                                                        |                                    | MI                                        | Contribution ID #<br><b>1546</b> |
| Residential Street Address<br><b>31 Plainfield Rd</b>                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | City<br><b>West Hartford</b>                                                                                                                |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06117</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>06012026G</b>                                                                                                                                | 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>04/26/2026</b> | Aggregate Contributions<br><b>\$52.40</b> | <b>\$52.40</b>                   |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Schrager</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | First<br><b>Samuel</b>                                                                                                                      |                                    | MI                                        | Contribution ID #<br><b>1547</b> |
| Residential Street Address<br><b>607 Ocean Dr Apt 11J</b>                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | City<br><b>Key Biscayne</b>                                                                                                                 |                                    | State<br><b>FL</b>                        | Zip Code<br><b>33149</b>         |
| Principal Occupation<br><b>Attorney</b>                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | Name of Employer<br><b>Updike, Kelly &amp; Spellacy</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>04/26/2026</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>McKeen</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Aili</b>                                                                                                                        |                                    | MI                                        | Contribution ID #<br><b>1548</b> |
| Residential Street Address<br><b>13 Burke Heights Dr</b>                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | City<br><b>Wallingford</b>                                                                                                                  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06492</b>         |
| Principal Occupation<br><b>personal property specialist</b>                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | Name of Employer<br><b>North East Ajustment</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>06012026G</b>                                                                                                                                | 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>04/26/2026</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Facey</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>Robert</b>                                                                                                                      |                                    | MI                                         | Contribution ID #<br><b>1549</b> |
| Residential Street Address<br><b>19 Visgrove Ln</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>West Hartford</b>                                                                                                                |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06117</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>04/26/2026</b> | Aggregate Contributions<br><b>\$156.56</b> | <b>\$156.56</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Cooper</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Cynthia</b>                                                                                                                     |                                    | MI                                         | Contribution ID #<br><b>1550</b> |
| Residential Street Address<br><b>287 S Elm St</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | City<br><b>Windsor Locks</b>                                                                                                                |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06096</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>06142026I</b>                                                                                                                                | 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>04/26/2026</b> | Aggregate Contributions<br><b>\$104.48</b> | <b>\$104.48</b>                  |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Becker</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Kim</b>                                                                                                                         |                                    | MI                                         | Contribution ID #<br><b>1551</b> |
| Residential Street Address<br><b>149 Loomis St</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | City<br><b>North Granby</b>                                                                                                                 |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06060</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>04/26/2026</b> | Aggregate Contributions<br><b>\$360.73</b> | <b>\$260.73</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Becker</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Kim</b>                                                                                                                         |                                    | MI                                         | Contribution ID #<br><b>1552</b> |
| Residential Street Address<br><b>149 Loomis St</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | City<br><b>North Granby</b>                                                                                                                 |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06060</b>         |
| Principal Occupation<br><b>Sales</b>                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | Name of Employer<br><b>Genesys cloud 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>06142026I</b>                                                                                                                                | 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>04/26/2026</b> | Aggregate Contributions<br><b>\$360.73</b> | <b>\$100.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                              |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------|----------------------------------|
| Last Name<br><b>Crown</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>Daniel</b>                                                                                                                      |                                    | MI                                           | Contribution ID #<br><b>1553</b> |
| Residential Street Address<br><b>960 Park Ave</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | City<br><b>New York</b>                                                                                                                     |                                    | State<br><b>NY</b>                           | Zip Code<br><b>10028</b>         |
| Principal Occupation<br><b>Movie Producer</b>                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | Name of Employer<br><b>Red Crown Productions</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>04/26/2026</b> | Aggregate Contributions<br><b>\$2,000.00</b> | <b>\$2,000.00</b>                |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Rosenberg</b>                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | First<br><b>Milton</b>                                                                                                                      |                                    | MI                                         | Contribution ID #<br><b>1554</b> |
| Residential Street Address<br><b>400 Seabury Dr # 6232</b>                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | City<br><b>Bloomfield</b>                                                                                                                   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06002</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>04/27/2026</b> | Aggregate Contributions<br><b>\$250.00</b> | <b>\$250.00</b>                  |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Byrne</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>Erica</b>                                                                                                                       |                                    | MI                                         | Contribution ID #<br><b>1555</b> |
| Residential Street Address<br><b>28 Park Ave</b>                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | City<br><b>Windsor</b>                                                                                                                      |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06095</b>         |
| Principal Occupation<br><b>Development Director</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | Name of Employer<br><b>She Leads Justice</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>04/27/2026</b> | Aggregate Contributions<br><b>\$200.00</b> | <b>\$200.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>James</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>Renee</b>                                                                                                                       |                                    | MI                                         | Contribution ID #<br><b>1556</b> |
| Residential Street Address<br><b>23 Mayfair Rd</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | City<br><b>Bloomfield</b>                                                                                                                   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06002</b>         |
| Principal Occupation<br><b>Senior consultant</b>                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | Name of Employer<br><b>Brigham and women's hospital</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>06012026G</b>                                                                                                                                | 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>04/27/2026</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>wegele</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>shannon</b>                                                                                                                     |                                    | MI                                         | Contribution ID #<br><b>1557</b> |
| Residential Street Address<br><b>39 Lilley Rd</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | City<br><b>West Hartford</b>                                                                                                                |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06119</b>         |
| Principal Occupation<br><b>CAO</b>                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | Name of Employer<br><b>state of Ct</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>06012026G</b>                                                                                                                                | 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>04/27/2026</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Vayda</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>William</b>                                                                                                                     |                                    | MI                                         | Contribution ID #<br><b>1558</b> |
| Residential Street Address<br><b>139 Raymond Rd</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>Windsor Locks</b>                                                                                                                |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06096</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>04/27/2026</b> | Aggregate Contributions<br><b>\$104.48</b> | <b>\$104.48</b>                  |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Farrar</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Kate</b>                                                                                                                        |                                    | MI                                         | Contribution ID #<br><b>1559</b> |
| Residential Street Address<br><b>253 Ridgewood Rd</b>                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | City<br><b>West Hartford</b>                                                                                                                |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06107</b>         |
| Principal Occupation<br><b>Legislator</b>                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | Name of Employer<br><b>CT General Assembly</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>06012026G</b>                                                                                                                                | 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>04/27/2026</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Mitchell</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | First<br><b>Andrew</b>                                                                                                                      |                                    | MI<br><b>W</b>                             | Contribution ID #<br><b>1560</b> |
| Residential Street Address<br><b>191 Duncaster Rd</b>                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | City<br><b>Bloomfield</b>                                                                                                                   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06002</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>04/27/2026</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Nirenstein</b>                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                | First<br><b>Jeffrey</b>                                                                                                                     |                                    | MI<br><b>A</b>                             | Contribution ID #<br><b>1561</b> |
| Residential Street Address<br><b>23 Brainard Rd</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>West Hartford</b>                                                                                                                |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06117</b>         |
| Principal Occupation<br><b>Attorney</b>                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | Name of Employer<br><b>Nirenstein, Horowitz, &amp; Associates, P.C.</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>04/27/2026</b> | Aggregate Contributions<br><b>\$250.00</b> | <b>\$250.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Sarsynski</b>                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | First<br><b>Elaine</b>                                                                                                                      |                                    | MI                                         | Contribution ID #<br><b>1562</b> |
| Residential Street Address<br><b>75 Barndoor Hills Dr</b>                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | City<br><b>Suffield</b>                                                                                                                     |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06078</b>         |
| Principal Occupation<br><b>Director</b>                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | Name of Employer<br><b>Genworth</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>04/28/2026</b> | Aggregate Contributions<br><b>\$771.15</b> | <b>\$521.15</b>                  |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Taylor</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Ayana</b>                                                                                                                       |                                    | MI                                         | Contribution ID #<br><b>1563</b> |
| Residential Street Address<br><b>88 Farmstead Ln</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br><b>Windsor</b>                                                                                                                      |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06095</b>         |
| Principal Occupation<br><b>HR Manager</b>                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | Name of Employer<br><b>Eversource</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>06012026G</b>                                                                                                                                | 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>04/28/2026</b> | Aggregate Contributions<br><b>\$104.48</b> | <b>\$104.48</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Hayden</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>James</b>                                                                                                                       |                                    | MI                                         | Contribution ID #<br><b>1564</b> |
| Residential Street Address<br><b>187 S Main St</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | City<br><b>East Granby</b>                                                                                                                  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06026</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>06142026I</b>                                                                                                                                | 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>04/28/2026</b> | Aggregate Contributions<br><b>\$365.21</b> | <b>\$104.48</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Leavitt-Smith</b>                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | First<br><b>Erin</b>                                                                                                                        |                                    | MI                                         | Contribution ID #<br><b>1565</b> |
| Residential Street Address<br><b>7 Wintergreen Ln</b>                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | City<br><b>West Simsbury</b>                                                                                                                |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06092</b>         |
| Principal Occupation<br><b>Director</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>04/28/2026</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Raider</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Adam</b>                                                                                                                        |                                    | MI                                        | Contribution ID #<br><b>1566</b> |
| Residential Street Address<br><b>30 Seminole Cir</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br><b>West Hartford</b>                                                                                                                |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06117</b>         |
| Principal Occupation<br><b>Communications professional</b>                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | Name of Employer<br><b>Masonicare</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>04/29/2026</b> | Aggregate Contributions<br><b>\$26.35</b> | <b>\$26.35</b>                   |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Aina</b>                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | First<br><b>Ola</b>                                                                                                                         |                                    | MI                                         | Contribution ID #<br><b>1567</b> |
| Residential Street Address<br><b>2 Brooke St</b>                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | City<br><b>Bloomfield</b>                                                                                                                   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06002</b>         |
| Principal Occupation<br><b>ERP Consultant</b>                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | Name of Employer<br><b>interNESS 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>06012026G</b>                                                                                                                                | 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>04/29/2026</b> | Aggregate Contributions<br><b>\$260.73</b> | <b>\$260.73</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Rowthorn</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | First<br><b>Perry</b>                                                                                                                       |                                    | MI                                         | Contribution ID #<br><b>1568</b> |
| Residential Street Address<br><b>43 Walbridge Rd .</b>                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | City<br><b>West Hartford</b>                                                                                                                |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06119</b>         |
| Principal Occupation<br><b>Lawyer</b>                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | Name of Employer<br><b>Rowthorn Law 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>04/29/2026</b> | Aggregate Contributions<br><b>\$500.00</b> | <b>\$500.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Guller</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Daniel</b>                                                                                                                      |                                    | MI                                         | Contribution ID #<br><b>1569</b> |
| Residential Street Address<br><b>10 Walmsley Rd</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>Darien</b>                                                                                                                       |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06820</b>         |
| Principal Occupation<br><b>Improv education</b>                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Name of Employer<br><b>Yes And Company</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>04/29/2026</b> | Aggregate Contributions<br><b>\$320.00</b> | <b>\$320.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Murphy</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Patricia</b>                                                                                                                    |                                    | MI                                         | Contribution ID #<br><b>1570</b> |
| Residential Street Address<br><b>2 Tinker Dr</b>                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | City<br><b>Windsor Locks</b>                                                                                                                |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06096</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>04/29/2026</b> | Aggregate Contributions<br><b>\$250.00</b> | <b>\$250.00</b>                  |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Donlan                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | First<br>Kristin                                                                                                                            |                             | MI                                  | Contribution ID #<br>1571 |
| Residential Street Address<br>875 Saybrook Rd                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | City<br>Haddam                                                                                                                              |                             | State<br>CT                         | Zip Code<br>06438         |
| Principal Occupation<br>Surgical Coordinator                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | Name of Employer<br>Middlesex health                                                                                                        |                             |                                     |                           |
| 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>\$260.73 | \$260.73                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Gigle                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | First<br>Max                                                                                                                                |                             | MI                                  | Contribution ID #<br>1572 |
| Residential Street Address<br>656 Chaffeeville Rd                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | City<br>Mansfield                                                                                                                           |                             | State<br>CT                         | Zip Code<br>06268         |
| Principal Occupation<br>Government Innovation                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | Name of Employer<br>State of Connecticut                                                                                                    |                             |                                     |                           |
| 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>\$350.00 | \$100.00                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Cole-Chu                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | First<br>Leeland                                                                                                                            |                             | MI                                  | Contribution ID #<br>1573 |
| Residential Street Address<br>300 Hartford Rd                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | City<br>Salem                                                                                                                               |                             | State<br>CT                         | Zip Code                  |
| Principal Occupation<br>Attorney Mediator Writer                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | Name of Employer<br>Leeland Cole-Chu                                                                                                        |                             |                                     |                           |
| 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>04/30/2026 | Aggregate Contributions<br>\$104.48 | \$104.48                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Viola                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | First<br>Stephen                                                                                                                            |                             | MI                                  | Contribution ID #<br>1574 |
| Residential Street Address<br>1 Lise Cir                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | City<br>Suffield                                                                                                                            |                             | State<br>CT                         | Zip Code<br>06078         |
| Principal Occupation<br>Instructor                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | Name of Employer<br>CT DOC                                                                                                                  |                             |                                     |                           |
| 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>04/30/2026 | Aggregate Contributions<br>\$156.56 | \$156.56                  |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Niles</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>Dawn</b>                                                                                                                        |                                    | MI                                         | Contribution ID #<br><b>1575</b> |
| Residential Street Address<br><b>26 Fairwaydrive</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br><b>North Windham</b>                                                                                                                |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06256</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>04/30/2026</b> | Aggregate Contributions<br><b>\$104.48</b> | <b>\$104.48</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Afriyie</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Anthony</b>                                                                                                                     |                                    | MI                                        | Contribution ID #<br><b>1576</b> |
| Residential Street Address<br><b>181 Swanson Ave</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br><b>Stratford</b>                                                                                                                    |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06614</b>         |
| Principal Occupation<br><b>Liaison</b>                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | Name of Employer<br><b>Connecticut Port Authority</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>05172026A</b>                                                                                                                                | 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>04/30/2026</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Klaskin</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Seth</b>                                                                                                                        |                                    | MI                                         | Contribution ID #<br><b>1577</b> |
| Residential Street Address<br><b>130 Overbrook Raod</b>                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | City<br><b>Madison</b>                                                                                                                      |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06443</b>         |
| Principal Occupation<br><b>Lawyer</b>                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | Name of Employer<br><b>Klaskin 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>05/01/2026</b> | Aggregate Contributions<br><b>\$200.00</b> | <b>\$100.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Hutvagner</b>                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | First<br><b>Matt</b>                                                                                                                        |                                    | MI                                         | Contribution ID #<br><b>1578</b> |
| Residential Street Address<br><b>4 Deepwood Rd</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | City<br><b>Farmington</b>                                                                                                                   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06032</b>         |
| Principal Occupation<br><b>Finance</b>                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | Name of Employer<br><b>The Walt Disney Company</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>05272026E</b>                                                                                                                                | 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>05/01/2026</b> | Aggregate Contributions<br><b>\$150.00</b> | <b>\$150.00</b>                  |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Rao</b>                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | First<br><b>Prerna</b>                                                                                                                      |                                    | MI                                         | Contribution ID #<br><b>1579</b> |
| Residential Street Address<br><b>26 Palestine Rd</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br><b>Newtown</b>                                                                                                                      |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06470</b>         |
| Principal Occupation<br><b>lawyer</b>                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | Name of Employer<br><b>omnia law, 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>05/02/2026</b> | Aggregate Contributions<br><b>\$320.00</b> | <b>\$320.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>White</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>David</b>                                                                                                                       |                                    | MI                                         | Contribution ID #<br><b>1580</b> |
| Residential Street Address<br><b>855 Boston Post Rd</b>                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | City<br><b>West Haven</b>                                                                                                                   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06511</b>         |
| Principal Occupation<br><b>Sales</b>                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | Name of Employer<br><b>Universal Hotel Liquidators</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>05/03/2026</b> | Aggregate Contributions<br><b>\$150.00</b> | <b>\$50.00</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Glennon</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Susan</b>                                                                                                                       |                                    | MI                                         | Contribution ID #<br><b>1581</b> |
| Residential Street Address<br><b>99 Carlson Dr</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | City<br><b>Milford</b>                                                                                                                      |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06460</b>         |
| Principal Occupation<br><b>Licensed childcare</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | Name of Employer<br><b>Susan Glennon</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>05/03/2026</b> | Aggregate Contributions<br><b>\$154.48</b> | <b>\$50.00</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Debeatham</b>                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | First<br><b>Pauline</b>                                                                                                                     |                                    | MI                                         | Contribution ID #<br><b>1582</b> |
| Residential Street Address<br><b>155 Woodycrest Ct</b>                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | City<br><b>East Hartford</b>                                                                                                                |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06118</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>05/03/2026</b> | Aggregate Contributions<br><b>\$104.48</b> | <b>\$104.48</b>                  |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Dolan</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>Nancy</b>                                                                                                                       |                                    | MI                                         | Contribution ID #<br><b>1583</b> |
| Residential Street Address<br><b>99 Niles Hill Rd</b>                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | City<br><b>New London</b>                                                                                                                   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06320</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>05262026D</b>                                                                                                                                | 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>05/03/2026</b> | Aggregate Contributions<br><b>\$104.48</b> | <b>\$104.48</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Savino</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Jonathan</b>                                                                                                                    |                                    | MI                                         | Contribution ID #<br><b>1584</b> |
| Residential Street Address<br><b>128 Elm St</b>                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | City<br><b>Windsor Locks</b>                                                                                                                |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06096</b>         |
| Principal Occupation<br><b>First Selectman</b>                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                | Name of Employer<br><b>Town of Windsor Locks, CT</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>06142026I</b>                                                                                                                                | 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>05/03/2026</b> | Aggregate Contributions<br><b>\$521.46</b> | <b>\$260.73</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Savino</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Jonathan</b>                                                                                                                    |                                    | MI                                         | Contribution ID #<br><b>1585</b> |
| Residential Street Address<br><b>128 Elm St</b>                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | City<br><b>Windsor Locks</b>                                                                                                                |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06096</b>         |
| Principal Occupation<br><b>First Selectman</b>                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                | Name of Employer<br><b>Town of Windsor Locks, CT</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>05/03/2026</b> | Aggregate Contributions<br><b>\$521.46</b> | <b>\$260.73</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Granatosky</b>                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                | First<br><b>Patrice</b>                                                                                                                     |                                    | MI                                         | Contribution ID #<br><b>1586</b> |
| Residential Street Address<br><b>30 N Prospect St</b>                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | City<br><b>Groton</b>                                                                                                                       |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06340</b>         |
| Principal Occupation<br><b>Teacher</b>                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | Name of Employer<br><b>State of Connecticut</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>05/03/2026</b> | Aggregate Contributions<br><b>\$104.48</b> | <b>\$104.48</b>                  |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Reed</b>                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | First<br><b>Lonnie</b>                                                                                                                      |                                    | MI                                         | Contribution ID #<br><b>1587</b> |
| Residential Street Address<br><b>60 Maple St # 44</b>                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | City<br><b>Branford</b>                                                                                                                     |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06405</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>05/04/2026</b> | Aggregate Contributions<br><b>\$521.15</b> | <b>\$521.15</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Jones</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>Bruce</b>                                                                                                                       |                                    | MI                                         | Contribution ID #<br><b>1588</b> |
| Residential Street Address<br><b>60 Flanders Rd</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>Mystic</b>                                                                                                                       |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06355</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>05262026D</b>                                                                                                                                | 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>05/04/2026</b> | Aggregate Contributions<br><b>\$275.00</b> | <b>\$250.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Shah</b>                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | First<br><b>Atul</b>                                                                                                                        |                                    | MI                                         | Contribution ID #<br><b>1589</b> |
| Residential Street Address<br><b>15 Beacon Hill Dr</b>                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | City<br><b>Waterford</b>                                                                                                                    |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06385</b>         |
| Principal Occupation<br><b>Engineer</b>                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | Name of Employer<br><b>Applied Physical Sciences Corporation</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>05/04/2026</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>McBride</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>David</b>                                                                                                                       |                                    | MI                                         | Contribution ID #<br><b>1590</b> |
| Residential Street Address<br><b>23 Burrows St</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | City<br><b>Groton</b>                                                                                                                       |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06340</b>         |
| Principal Occupation<br><b>Director of Finance</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | Name of Employer<br><b>City of New London</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>05262026D</b>                                                                                                                                | 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>05/04/2026</b> | Aggregate Contributions<br><b>\$260.73</b> | <b>\$260.73</b>                  |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Blanchard</b>                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | First<br><b>Robert</b>                                                                                                                      |                                    | MI                                        | Contribution ID #<br><b>1591</b> |
| Residential Street Address<br><b>1401 Kings Hwy # 418A</b>                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | City<br><b>Fairfield</b>                                                                                                                    |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06824</b>         |
| Principal Occupation<br><b>Senior Advisor</b>                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | Name of Employer<br><b>Ned for CT</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>05/04/2026</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>merritt</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>roscoe</b>                                                                                                                      |                                    | MI                                         | Contribution ID #<br><b>1592</b> |
| Residential Street Address<br><b>19 Birmingham Ct</b>                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | City<br><b>Groton</b>                                                                                                                       |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06340</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>05262026D</b>                                                                                                                                | 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>05/04/2026</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Milstein</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | First<br><b>Jeanne</b>                                                                                                                      |                                    | MI                                         | Contribution ID #<br><b>1593</b> |
| Residential Street Address<br><b>25 Eldane St</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | City<br><b>New London</b>                                                                                                                   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06320</b>         |
| Principal Occupation<br><b>Director, human services</b>                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | Name of Employer<br><b>City of New London</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>05/05/2026</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Glantz</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Susan</b>                                                                                                                       |                                    | MI                                         | Contribution ID #<br><b>1594</b> |
| Residential Street Address<br><b>682 Green Hill Rd</b>                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | City<br><b>Madison</b>                                                                                                                      |                                    | State<br><b>CT</b>                         | Zip Code                         |
| 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>05/05/2026</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            |
|-------------------------------------------------------------------------|---------------------------|
| Bysiewicz for CT                                                        | July 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Skalandunas</b>                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | First<br><b>Alexa</b>                                                                                                                       |                                    | MI                                        | Contribution ID #<br><b>1595</b> |
| Residential Street Address<br><b>6 Lincoln Rd</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | City<br><b>Newtown</b>                                                                                                                      |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06470</b>         |
| Principal Occupation<br><b>Real Estate Agent</b>                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | Name of Employer<br><b>William Raveis</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>05/06/2026</b> | Aggregate Contributions<br><b>\$52.40</b> | <b>\$52.40</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Yuhas</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>Eric</b>                                                                                                                        |                                    | MI                                        | Contribution ID #<br><b>1596</b> |
| Residential Street Address<br><b>395 Summit St .</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br><b>New Haven</b>                                                                                                                    |                                    | State<br><b>CT</b>                        | Zip Code                         |
| Principal Occupation<br><b>Retired and working part time</b>                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | Name of Employer<br><b>New Haven 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>05/06/2026</b> | Aggregate Contributions<br><b>\$52.40</b> | <b>\$52.40</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Billing</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Natalie</b>                                                                                                                     |                                    | MI                                         | Contribution ID #<br><b>1597</b> |
| Residential Street Address<br><b>15 Ashby St</b>                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | City<br><b>Mystic</b>                                                                                                                       |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06355</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b><u>05262026D</u></b>                                                                                                                         | 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>05/06/2026</b> | Aggregate Contributions<br><b>\$104.48</b> | <b>\$104.48</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Burke</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>Maureen</b>                                                                                                                     |                                    | MI                                        | Contribution ID #<br><b>1598</b> |
| Residential Street Address<br><b>230 Copse Rd</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | City<br><b>Madison</b>                                                                                                                      |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06443</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>05/07/2026</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            |
|-------------------------------------------------------------------------|---------------------------|
| Bysiewicz for CT                                                        | July 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Duarte</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Elizabeth</b>                                                                                                                   |                                    | MI                                         | Contribution ID #<br><b>1599</b> |
| Residential Street Address<br><b>54 Cottage St .</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br><b>Groton</b>                                                                                                                       |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06340</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>05262026D</b>                                                                                                                                | 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>05/07/2026</b> | Aggregate Contributions<br><b>\$156.88</b> | <b>\$104.48</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Duarte</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Paul</b>                                                                                                                        |                                    | MI                                         | Contribution ID #<br><b>1600</b> |
| Residential Street Address<br><b>54 Cottage St .</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br><b>Groton</b>                                                                                                                       |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06340</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>05262026D</b>                                                                                                                                | 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>05/07/2026</b> | Aggregate Contributions<br><b>\$104.48</b> | <b>\$104.48</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Wood</b>                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | First<br><b>Peter</b>                                                                                                                       |                                    | MI                                         | Contribution ID #<br><b>1601</b> |
| Residential Street Address<br><b>24 Dean Dr</b>                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | City<br><b>South Glastonbury</b>                                                                                                            |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06073</b>         |
| Principal Occupation<br><b>development consultant</b>                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | Name of Employer<br><b>Collaborative 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>05172026A</b>                                                                                                                                | 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>05/07/2026</b> | Aggregate Contributions<br><b>\$200.00</b> | <b>\$200.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                          |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------------------------------|----------------------------------|
| Last Name<br><b>Silber</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Matthew</b>                                                                                                                     |                                    | MI                                       | Contribution ID #<br><b>1602</b> |
| Residential Street Address<br><b>230 E Avenue C420</b>                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | City<br><b>Norwalk</b>                                                                                                                      |                                    | State<br><b>CT</b>                       | Zip Code<br><b>06855</b>         |
| Principal Occupation<br><b>Teacher</b>                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | Name of Employer<br><b>Norwalk 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>05/07/2026</b> | Aggregate Contributions<br><b>\$5.52</b> | <b>\$5.52</b>                    |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| Last Name<br><b>Purohit</b>                                                                                                                                                                                                                                                                                          | First<br><b>Vivek</b>                                                                                                                                                                          | MI                                                                                                                                          | Contribution ID #<br><b>1603</b>           |
| Residential Street Address<br><b>48 Heritage Rd</b>                                                                                                                                                                                                                                                                  | City<br><b>East Lyme</b>                                                                                                                                                                       | State<br><b>CT</b>                                                                                                                          | Zip Code<br><b>06333</b>                   |
| Principal Occupation<br><b>Scientist</b>                                                                                                                                                                                                                                                                             | Name of Employer<br><b>Incyte</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 |                                            |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>05262026D</b>                                                                                                                                | 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>05/07/2026</b>                                                                                                          | Aggregate Contributions<br><b>\$250.00</b> |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Amount of Contribution<br><b>\$250.00</b>                                                                                                   |                                            |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| Last Name<br><b>Deeble</b>                                                                                                                                                                                                                                                                                           | First<br><b>Jason</b>                                                                                                                                                                          | MI                                                                                                                                          | Contribution ID #<br><b>1604</b>           |
| Residential Street Address<br><b>5 Mackinnon Pl</b>                                                                                                                                                                                                                                                                  | City<br><b>East Lyme</b>                                                                                                                                                                       | State<br><b>CT</b>                                                                                                                          | Zip Code<br><b>06333</b>                   |
| Principal Occupation<br><b>Teacher</b>                                                                                                                                                                                                                                                                               | Name of Employer<br><b>Groton 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 |                                            |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>05262026D</b>                                                                                                                                | 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>05/07/2026</b>                                                                                                          | Aggregate Contributions<br><b>\$104.48</b> |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Amount of Contribution<br><b>\$104.48</b>                                                                                                   |                                            |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| Last Name<br><b>Attanasio</b>                                                                                                                                                                                                                                                                                        | First<br><b>Anthony</b>                                                                                                                                                                        | MI                                                                                                                                          | Contribution ID #<br><b>1605</b>           |
| Residential Street Address<br><b>97 W Main St # 18</b>                                                                                                                                                                                                                                                               | City<br><b>Niantic</b>                                                                                                                                                                         | State<br><b>CT</b>                                                                                                                          | Zip Code<br><b>06357</b>                   |
| Principal Occupation<br><b>Engineer</b>                                                                                                                                                                                                                                                                              | Name of Employer<br><b>General Dynamics</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 |                                            |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>05262026D</b>                                                                                                                                | 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>05/07/2026</b>                                                                                                          | Aggregate Contributions<br><b>\$175.00</b> |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Amount of Contribution<br><b>\$100.00</b>                                                                                                   |                                            |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| Last Name<br><b>D'Angelo-Powers</b>                                                                                                                                                                                                                                                                                  | First<br><b>Jill</b>                                                                                                                                                                           | MI                                                                                                                                          | Contribution ID #<br><b>1606</b>           |
| Residential Street Address<br><b>103 Housaronic Ave</b>                                                                                                                                                                                                                                                              | City<br><b>Stratford</b>                                                                                                                                                                       | State<br><b>CT</b>                                                                                                                          | Zip Code<br><b>06615</b>                   |
| Principal Occupation<br><b>hospitality</b>                                                                                                                                                                                                                                                                           | Name of Employer<br><b>Bridgehouse</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 |                                            |
| 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>05/08/2026</b>                                                                                                          | Aggregate Contributions<br><b>\$100.00</b> |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Amount of Contribution<br><b>\$100.00</b>                                                                                                   |                                            |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Clouet                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | First<br>Christopher                                                                                                                        |                             | MI                                  | Contribution ID #<br>1607 |
| Residential Street Address<br>35 Eldane St                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | City<br>New London                                                                                                                          |                             | State<br>CT                         | Zip Code<br>06320         |
| Principal Occupation<br>Education Consultant                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | Name of Employer<br>LEARN                                                                                                                   |                             |                                     |                           |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>05262026D</u>                                                                                                                                | 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>05/08/2026 | Aggregate Contributions<br>\$260.73 | \$260.73                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Calsetta                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | First<br>Joseph                                                                                                                             |                             | MI                                  | Contribution ID #<br>1608 |
| Residential Street Address<br>121 Orchard Hill Dr                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | City<br>Windsor Locks                                                                                                                       |                             | State<br>CT                         | Zip Code<br>06096         |
| 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>05/08/2026 | Aggregate Contributions<br>\$104.48 | \$104.48                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Theroux                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | First<br>Miriam                                                                                                                             |                             | MI                                  | Contribution ID #<br>1609 |
| Residential Street Address<br>449 Trinity Rdg                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | City<br>Rocky Hill                                                                                                                          |                             | State<br>CT                         | Zip Code<br>06067         |
| 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>05/08/2026 | Aggregate Contributions<br>\$183.23 | \$104.48                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                       |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|---------------------------------------|---------------------------|
| Last Name<br>Desai                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | First<br>Mukesh                                                                                                                             |                             | MI                                    | Contribution ID #<br>1610 |
| Residential Street Address<br>129 Lavender Ln                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | City<br>Rocky Hill                                                                                                                          |                             | State<br>CT                           | Zip Code<br>06067         |
| Principal Occupation<br>owner                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | Name of Employer<br>PBM PRINTERS & copy center                                                                                              |                             |                                       |                           |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>06102026H</u>                                                                                                                                | 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>05/08/2026 | Aggregate Contributions<br>\$1,042.30 | \$521.15                  |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Trister</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Jon</b>                                                                                                                         |                                    | MI                                         | Contribution ID #<br><b>1611</b> |
| Residential Street Address<br><b>81 Woodland St</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>Newington</b>                                                                                                                    |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06111</b>         |
| Principal Occupation<br><b>Legislative and Administrative Advisor</b>                                                                                                                                                                                                                                                |                                                                                                                                                                                                | Name of Employer<br><b>State of Connecticut, Dept of Correction</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>06102026H</b>                                                                                                                                | 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>05/08/2026</b> | Aggregate Contributions<br><b>\$250.00</b> | <b>\$250.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>van Luling</b>                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                | First<br><b>Zachary</b>                                                                                                                     |                                    | MI                                         | Contribution ID #<br><b>1612</b> |
| Residential Street Address<br><b>18 Boulder Dr</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | City<br><b>Rocky Hill</b>                                                                                                                   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06067</b>         |
| Principal Occupation<br><b>Public Affairs Consultant</b>                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | Name of Employer<br><b>City and State, Ltd.</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>06102026H</b>                                                                                                                                | 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>05/08/2026</b> | Aggregate Contributions<br><b>\$260.73</b> | <b>\$260.73</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Plourd</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Matthew</b>                                                                                                                     |                                    | MI                                         | Contribution ID #<br><b>1613</b> |
| Residential Street Address<br><b>258 Audubon Ave</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br><b>Newington</b>                                                                                                                    |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06111</b>         |
| Principal Occupation<br><b>Legislative Aide</b>                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Name of Employer<br><b>CT Senate Democratic 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>06102026H</b>                                                                                                                                | 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>05/09/2026</b> | Aggregate Contributions<br><b>\$104.48</b> | <b>\$104.48</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                              |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------|----------------------------------|
| Last Name<br><b>Bush</b>                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | First<br><b>Kate</b>                                                                                                                        |                                    | MI                                           | Contribution ID #<br><b>1614</b> |
| Residential Street Address<br><b>600 Tanglewood Ln</b>                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | City<br><b>Saluda</b>                                                                                                                       |                                    | State<br><b>NC</b>                           | Zip Code<br><b>28773</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>05/10/2026</b> | Aggregate Contributions<br><b>\$1,000.00</b> | <b>\$1,000.00</b>                |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                    |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>Sanchez                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | First<br>Iris                                                                                                                               |                             | MI                                 | Contribution ID #<br>1615 |
| Residential Street Address<br>242 Washington St # 1-S                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | City<br>New Britain                                                                                                                         |                             | State<br>CT                        | Zip Code<br>06051         |
| Principal Occupation<br>State Representative                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | Name of Employer<br>State of Connecticut                                                                                                    |                             |                                    |                           |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>05272026E</u>                                                                                                                                | 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>05/10/2026 | Aggregate Contributions<br>\$21.15 | \$21.15                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Fareus                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | First<br>Shineika                                                                                                                           |                             | MI                                  | Contribution ID #<br>1616 |
| Residential Street Address<br>14 Hempstead Ct                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | City<br>New London                                                                                                                          |                             | State<br>CT                         | Zip Code<br>06320         |
| Principal Occupation<br>Program Executive Director                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | Name of Employer<br>A Better Way Foundation                                                                                                 |                             |                                     |                           |
| 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 checked="" type="checkbox"/> Yes <input 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>05/11/2026 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Kozak                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | First<br>Cheryl                                                                                                                             |                             | MI                                  | Contribution ID #<br>1617 |
| Residential Street Address<br>31 Hunters Rdg                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | City<br>Rocky Hill                                                                                                                          |                             | State<br>CT                         | Zip Code<br>06067         |
| Principal Occupation<br>Exeective                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | Name of Employer<br>The Travelers                                                                                                           |                             |                                     |                           |
| 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 checked="" type="checkbox"/> Yes <input 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>05/11/2026 | Aggregate Contributions<br>\$200.00 | \$100.00                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                    |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>Casey                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | First<br>Timothy                                                                                                                            |                             | MI                                 | Contribution ID #<br>1618 |
| Residential Street Address<br>10 Fair Hill Ln                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | City<br>Suffield                                                                                                                            |                             | State<br>CT                        | Zip Code<br>06078         |
| Principal Occupation<br>Data Science and AI Project Manager                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | Name of Employer<br>MassMutual                                                                                                              |                             |                                    |                           |
| 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>05/11/2026 | Aggregate Contributions<br>\$52.40 | \$52.40                   |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Primus</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Charles</b>                                                                                                                     |                                    | MI                                         | Contribution ID #<br><b>1619</b> |
| Residential Street Address<br><b>58 Twin Lakes Dr</b>                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | City<br><b>Waterford</b>                                                                                                                    |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06385</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>05/11/2026</b> | Aggregate Contributions<br><b>\$200.00</b> | <b>\$200.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                              |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------|----------------------------------|
| Last Name<br><b>Leckowicz Jr</b>                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | First<br><b>Walter</b>                                                                                                                      |                                    | MI<br><b>J</b>                               | Contribution ID #<br><b>1620</b> |
| Residential Street Address<br><b>729 Prospect St</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br><b>Wethersfield</b>                                                                                                                 |                                    | State<br><b>CT</b>                           | Zip Code<br><b>06109</b>         |
| Principal Occupation<br><b>Dentist</b>                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | Name of Employer<br><b>Walter Leckowicz Jr DMD 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 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>05/11/2026</b> | Aggregate Contributions<br><b>\$2,000.00</b> | <b>\$2,000.00</b>                |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Bellamy</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Janet</b>                                                                                                                       |                                    | MI                                         | Contribution ID #<br><b>1621</b> |
| Residential Street Address<br><b>11 Sunset Dr</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | City<br><b>Ashford</b>                                                                                                                      |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06278</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>05/12/2026</b> | Aggregate Contributions<br><b>\$104.48</b> | <b>\$104.48</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Colligan-Levine</b>                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | First<br><b>Patricia</b>                                                                                                                    |                                    | MI                                        | Contribution ID #<br><b>1622</b> |
| Residential Street Address<br><b>60 Birch Ln</b>                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | City<br><b>Stratford</b>                                                                                                                    |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06614</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>05/12/2026</b> | Aggregate Contributions<br><b>\$52.70</b> | <b>\$26.35</b>                   |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Di Roberts</b>                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                | First<br><b>Janice</b>                                                                                                                      |                                    | MI                                        | Contribution ID #<br><b>1623</b> |
| Residential Street Address<br><b>87 Meadowgate St</b>                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | City<br><b>Wethersfield</b>                                                                                                                 |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06109</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>06102026H</b>                                                                                                                                | 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>05/12/2026</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Gebauer</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Paul</b>                                                                                                                        |                                    | MI                                         | Contribution ID #<br><b>1624</b> |
| Residential Street Address<br><b>43 Longate Rd</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | City<br><b>Clinton</b>                                                                                                                      |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06413</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>05172026B</b>                                                                                                                                | 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>05/12/2026</b> | Aggregate Contributions<br><b>\$250.00</b> | <b>\$250.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Menapace</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | First<br><b>Nicholas</b>                                                                                                                    |                                    | MI                                         | Contribution ID #<br><b>1625</b> |
| Residential Street Address<br><b>38 Hope St Unit 97</b>                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | City<br><b>Niantic</b>                                                                                                                      |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06357</b>         |
| Principal Occupation<br><b>teacher</b>                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | Name of Employer<br><b>New London 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>05262026D</b>                                                                                                                                | 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>05/12/2026</b> | Aggregate Contributions<br><b>\$130.83</b> | <b>\$26.35</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Yeisley</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Diana</b>                                                                                                                       |                                    | MI                                         | Contribution ID #<br><b>1626</b> |
| Residential Street Address<br><b>78 County Rd</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | City<br><b>Simsbury</b>                                                                                                                     |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06070</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>05/12/2026</b> | Aggregate Contributions<br><b>\$521.15</b> | <b>\$521.15</b>                  |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Niemitz</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Stephen</b>                                                                                                                     |                                    | MI                                        | Contribution ID #<br><b>1627</b> |
| Residential Street Address<br><b>1639 King St</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | City<br><b>Enfield</b>                                                                                                                      |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06082</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>05/12/2026</b> | Aggregate Contributions<br><b>\$10.00</b> | <b>\$10.00</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>LaPenta-Duffek</b>                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | First<br><b>Teresa</b>                                                                                                                      |                                    | MI                                        | Contribution ID #<br><b>1628</b> |
| Residential Street Address<br><b>7 Barkledge Dr</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>Newington</b>                                                                                                                    |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06111</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>06102026H</b>                                                                                                                                | 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>05/12/2026</b> | Aggregate Contributions<br><b>\$78.75</b> | <b>\$52.40</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Attanasio</b>                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | First<br><b>Gregory</b>                                                                                                                     |                                    | MI                                         | Contribution ID #<br><b>1629</b> |
| Residential Street Address<br><b>28 Old Mill Rd</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>Quaker Hill</b>                                                                                                                  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06375</b>         |
| Principal Occupation<br><b>Account Manager</b>                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                | Name of Employer<br><b>Airgas</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>05262026D</b>                                                                                                                                | 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>05/12/2026</b> | Aggregate Contributions<br><b>\$104.48</b> | <b>\$104.48</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Collins</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Paul</b>                                                                                                                        |                                    | MI                                        | Contribution ID #<br><b>1630</b> |
| Residential Street Address<br><b>12 Dresden Ct E</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br><b>Goshen</b>                                                                                                                       |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06756</b>         |
| Principal Occupation<br><b>Tax preparer</b>                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | Name of Employer<br><b>Intuit</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>05/13/2026</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            |
|-------------------------------------------------------------------------|---------------------------|
| Bysiewicz for CT                                                        | July 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Dyess</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>Reona</b>                                                                                                                       |                                    | MI                                        | Contribution ID #<br><b>1631</b> |
| Residential Street Address<br><b>PO Box 683</b>                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | City<br><b>New London</b>                                                                                                                   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06320</b>         |
| Principal Occupation<br><b>Executive Director</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | Name of Employer<br><b>The Center A Drop In Community Learning and Resour</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>05/13/2026</b> | Aggregate Contributions<br><b>\$52.40</b> | <b>\$52.40</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                              |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------|----------------------------------|
| Last Name<br><b>Goff</b>                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | First<br><b>Alex</b>                                                                                                                        |                                    | MI                                           | Contribution ID #<br><b>1632</b> |
| Residential Street Address<br><b>74 Edward St</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | City<br><b>Newington</b>                                                                                                                    |                                    | State<br><b>CT</b>                           | Zip Code<br><b>06111</b>         |
| Principal Occupation<br><b>Program Manager</b>                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                | Name of Employer<br><b>Junction Rail Consultants</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>05/13/2026</b> | Aggregate Contributions<br><b>\$1,000.00</b> | <b>\$1,000.00</b>                |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Grady</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>Dorothy</b>                                                                                                                     |                                    | MI                                        | Contribution ID #<br><b>1633</b> |
| Residential Street Address<br><b>42 Cornwall Dr</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>Coventry</b>                                                                                                                     |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06238</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>05/13/2026</b> | Aggregate Contributions<br><b>\$52.40</b> | <b>\$52.40</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                              |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------|----------------------------------|
| Last Name<br><b>St. Vil</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Gary</b>                                                                                                                        |                                    | MI                                           | Contribution ID #<br><b>1634</b> |
| Residential Street Address<br><b>2 Thompson St</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | City<br><b>Ledyard</b>                                                                                                                      |                                    | State<br><b>CT</b>                           | Zip Code<br><b>06339</b>         |
| Principal Occupation<br><b>Management</b>                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | Name of Employer<br><b>RTX Collins Aerospace</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>05262026D</b>                                                                                                                                | 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>05/13/2026</b> | Aggregate Contributions<br><b>\$1,021.15</b> | <b>\$500.00</b>                  |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                              |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------|----------------------------------|
| Last Name<br><b>Antonio</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Steven</b>                                                                                                                      |                                    | MI<br><b>T</b>                               | Contribution ID #<br><b>1635</b> |
| Residential Street Address<br><b>1185 Hopmeadow St</b>                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | City<br><b>Simsbury</b>                                                                                                                     |                                    | State<br><b>CT</b>                           | Zip Code<br><b>06070</b>         |
| Principal Occupation<br><b>Restaurateur</b>                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | Name of Employer<br><b>Antonio's Restaurant</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>06012026G</b>                                                                                                                                | 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>05/13/2026</b> | Aggregate Contributions<br><b>\$1,000.00</b> | <b>\$1,000.00</b>                |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Malloy</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Mike</b>                                                                                                                        |                                    | MI<br><b></b>                              | Contribution ID #<br><b>1636</b> |
| Residential Street Address<br><b>149 Spoonville Rd</b>                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | City<br><b>East Granby</b>                                                                                                                  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06026</b>         |
| Principal Occupation<br><b>Business Owner</b>                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | Name of Employer<br><b>East Granby Motors</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>06142026I</b>                                                                                                                                | 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>05/13/2026</b> | Aggregate Contributions<br><b>\$250.00</b> | <b>\$250.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Fiorello</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | First<br><b>Michael</b>                                                                                                                     |                                    | MI<br><b></b>                             | Contribution ID #<br><b>1637</b> |
| Residential Street Address<br><b>20 Red Fox Rd .</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br><b>Stratford</b>                                                                                                                    |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06614</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>05/13/2026</b> | Aggregate Contributions<br><b>\$52.40</b> | <b>\$52.40</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>McNulty</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Vincenza</b>                                                                                                                    |                                    | MI<br><b>J</b>                            | Contribution ID #<br><b>1638</b> |
| Residential Street Address<br><b>8 Settlers Ln</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | City<br><b>Sandy Hook</b>                                                                                                                   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06482</b>         |
| Principal Occupation<br><b>Teacher</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>05/13/2026</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            |
|-------------------------------------------------------------------------|---------------------------|
| Bysiewicz for CT                                                        | July 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Zirolli</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Mark</b>                                                                                                                        |                                    | MI                                         | Contribution ID #<br><b>1639</b> |
| Residential Street Address<br><b>20 Coolidge Dr</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>Enfield</b>                                                                                                                      |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06082</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>05/13/2026</b> | Aggregate Contributions<br><b>\$250.00</b> | <b>\$250.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>OToole</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Carol</b>                                                                                                                       |                                    | MI                                        | Contribution ID #<br><b>1640</b> |
| Residential Street Address<br><b>46 Kielwasser Rd .</b>                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | City<br><b>Washington Depot</b>                                                                                                             |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06794</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>05/14/2026</b> | Aggregate Contributions<br><b>\$52.40</b> | <b>\$52.40</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Bonnanzio</b>                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | First<br><b>Rich</b>                                                                                                                        |                                    | MI                                         | Contribution ID #<br><b>1641</b> |
| Residential Street Address<br><b>93 Devonshire Ln</b>                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | City<br><b>Madison</b>                                                                                                                      |                                    | State<br><b>CT</b>                         | Zip Code                         |
| Principal Occupation<br><b>Engineering Manager</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | Name of Employer<br><b>Cyient/ PW</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>05/14/2026</b> | Aggregate Contributions<br><b>\$547.50</b> | <b>\$26.35</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Cicchiello</b>                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                | First<br><b>Ann</b>                                                                                                                         |                                    | MI                                         | Contribution ID #<br><b>1642</b> |
| Residential Street Address<br><b>11 Village Dr</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | City<br><b>East Lyme</b>                                                                                                                    |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06333</b>         |
| Principal Occupation<br><b>Attorney</b>                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | Name of Employer<br><b>D</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>05262026D</b>                                                                                                                                | 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>05/14/2026</b> | Aggregate Contributions<br><b>\$104.48</b> | <b>\$104.48</b>                  |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Marconi</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Rudy</b>                                                                                                                        |                                    | MI                                         | Contribution ID #<br><b>1643</b> |
| Residential Street Address<br><b>145 Main St</b>                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | City<br><b>Ridgefield</b>                                                                                                                   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06877</b>         |
| Principal Occupation<br><b>First Selectperson</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | Name of Employer<br><b>Town of Ridgefield</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>05/14/2026</b> | Aggregate Contributions<br><b>\$260.73</b> | <b>\$260.73</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Wolliston</b>                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | First<br><b>Nathan</b>                                                                                                                      |                                    | MI                                         | Contribution ID #<br><b>1644</b> |
| Residential Street Address<br><b>15 Rainbow Creek Dr</b>                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | City<br><b>Windsor</b>                                                                                                                      |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06095</b>         |
| Principal Occupation<br><b>Tuition Reimbursement Specialist</b>                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Name of Employer<br><b>New England Healthcare Union 1199NE Training &amp; Upg</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>06142026I</b>                                                                                                                                | 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>05/14/2026</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Bartlett</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | First<br><b>Maureen</b>                                                                                                                     |                                    | MI                                        | Contribution ID #<br><b>1645</b> |
| Residential Street Address<br><b>27 Seth Low Mountain Rd</b>                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | City<br><b>Ridgefield</b>                                                                                                                   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06877</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>05/14/2026</b> | Aggregate Contributions<br><b>\$25.00</b> | <b>\$25.00</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Knoll Peterson</b>                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | First<br><b>Bobbie</b>                                                                                                                      |                                    | MI                                        | Contribution ID #<br><b>1646</b> |
| Residential Street Address<br><b>10 Knox Blvd</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | City<br><b>Middletown</b>                                                                                                                   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06457</b>         |
| Principal Occupation<br><b>Chief of Staff</b>                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | Name of Employer<br><b>Town of Hamden</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>05/14/2026</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            |
|-------------------------------------------------------------------------|---------------------------|
| Bysiewicz for CT                                                        | July 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Leon</b>                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | First<br><b>Joelyn</b>                                                                                                                      |                                    | MI                                         | Contribution ID #<br><b>1647</b> |
| Residential Street Address<br><b>10 Curry Ln</b>                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | City<br><b>East Hampton</b>                                                                                                                 |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06424</b>         |
| Principal Occupation<br><b>Director</b>                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | Name of Employer<br><b>Foundation for Fair Contracting of Connecticut</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 checked="" type="checkbox"/> Yes <input 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>05/14/2026</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Adelman</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Daniel</b>                                                                                                                      |                                    | MI                                         | Contribution ID #<br><b>1648</b> |
| Residential Street Address<br><b>26 Cherry Hill Rd</b>                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | City<br><b>Branford</b>                                                                                                                     |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06405</b>         |
| Principal Occupation<br><b>Attorney</b>                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | Name of Employer<br><b>Adelman 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>05172026B</b>                                                                                                                                | 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>05/14/2026</b> | Aggregate Contributions<br><b>\$333.65</b> | <b>\$333.65</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Hurt</b>                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | First<br><b>Jake</b>                                                                                                                        |                                    | MI                                         | Contribution ID #<br><b>1649</b> |
| Residential Street Address<br><b>6 Nugget Hill Dr</b>                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | City<br><b>Gales Ferry</b>                                                                                                                  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06335</b>         |
| Principal Occupation<br><b>Officer</b>                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | Name of Employer<br><b>US Navy</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>05/14/2026</b> | Aggregate Contributions<br><b>\$313.43</b> | <b>\$26.35</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                              |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------|----------------------------------|
| Last Name<br><b>rutgers</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>alma</b>                                                                                                                        |                                    | MI                                           | Contribution ID #<br><b>1650</b> |
| Residential Street Address<br><b>44 Glen Rd</b>                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | City<br><b>Greenwich</b>                                                                                                                    |                                    | State<br><b>CT</b>                           | Zip Code<br><b>06830</b>         |
| Principal Occupation<br><b>freelance writer</b>                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Name of Employer<br><b>Alma Rutgers</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>05/14/2026</b> | Aggregate Contributions<br><b>\$2,000.00</b> | <b>\$1,000.00</b>                |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Shah</b>                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | First<br><b>Atul</b>                                                                                                                        |                                    | MI                                         | Contribution ID #<br><b>1651</b> |
| Residential Street Address<br><b>15 Beacon Hill Dr</b>                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | City<br><b>Waterford</b>                                                                                                                    |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06385</b>         |
| Principal Occupation<br><b>Engineer</b>                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | Name of Employer<br><b>Applied Physical Sciences Corporation</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>05/14/2026</b> | Aggregate Contributions<br><b>\$621.15</b> | <b>\$521.15</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>O'Connor</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | First<br><b>Robert</b>                                                                                                                      |                                    | MI                                         | Contribution ID #<br><b>1652</b> |
| Residential Street Address<br><b>72 Laurel Crest Rd</b>                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | City<br><b>Madison</b>                                                                                                                      |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06443</b>         |
| Principal Occupation<br><b>Program Director</b>                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Name of Employer<br><b>National Science Foundation</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>05/14/2026</b> | Aggregate Contributions<br><b>\$104.48</b> | <b>\$104.48</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Pearson</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Patricia</b>                                                                                                                    |                                    | MI                                         | Contribution ID #<br><b>1653</b> |
| Residential Street Address<br><b>109 Boston Post Rd Ste 205</b>                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | City<br><b>Orange</b>                                                                                                                       |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06477</b>         |
| Principal Occupation<br><b>Insurance Agent</b>                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                | Name of Employer<br><b>TPInsurance 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>05/15/2026</b> | Aggregate Contributions<br><b>\$521.15</b> | <b>\$521.15</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Dinsfriend</b>                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                | First<br><b>Karen</b>                                                                                                                       |                                    | MI                                        | Contribution ID #<br><b>1654</b> |
| Residential Street Address<br><b>31 Vauxhall St</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>New London</b>                                                                                                                   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06320</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>05/15/2026</b> | Aggregate Contributions<br><b>\$52.40</b> | <b>\$52.40</b>                   |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Neusner</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>David</b>                                                                                                                       |                                    | MI                                         | Contribution ID #<br><b>1655</b> |
| Residential Street Address<br><b>756 Pequot Ave</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>New London</b>                                                                                                                   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06320</b>         |
| Principal Occupation<br><b>attorney</b>                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | Name of Employer<br><b>Embry Neusner &amp; Arscott</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>05/15/2026</b> | Aggregate Contributions<br><b>\$260.73</b> | <b>\$260.73</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Kilty</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>Judy</b>                                                                                                                        |                                    | MI                                         | Contribution ID #<br><b>1656</b> |
| Residential Street Address<br><b>813 Woodgate Cir</b>                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | City<br><b>Enfield</b>                                                                                                                      |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06082</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>05/15/2026</b> | Aggregate Contributions<br><b>\$250.00</b> | <b>\$250.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Nieves</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Hilda</b>                                                                                                                       |                                    | MI                                         | Contribution ID #<br><b>1657</b> |
| Residential Street Address<br><b>225 Culver St</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | City<br><b>Newington</b>                                                                                                                    |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06111</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>06102026H</b>                                                                                                                                | 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>05/15/2026</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                              |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------|----------------------------------|
| Last Name<br><b>Fitch</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>Matthew</b>                                                                                                                     |                                    | MI                                           | Contribution ID #<br><b>1658</b> |
| Residential Street Address<br><b>3379 Whitney Ave # 21</b>                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | City<br><b>Hamden</b>                                                                                                                       |                                    | State<br><b>CT</b>                           | Zip Code<br><b>06518</b>         |
| Principal Occupation<br><b>Executive Director</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | Name of Employer<br><b>Merriman River Group</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>05/15/2026</b> | Aggregate Contributions<br><b>\$2,000.00</b> | <b>\$1,000.00</b>                |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Kervick</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>J Christopher</b>                                                                                                               |                                    | MI                                         | Contribution ID #<br><b>1659</b> |
| Residential Street Address<br><b>35 Keeney Ln</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | City<br><b>New London</b>                                                                                                                   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06320</b>         |
| Principal Occupation<br><b>Attorney</b>                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | Name of Employer<br><b>Law Office of J. Christopher Kervick</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>05/15/2026</b> | Aggregate Contributions<br><b>\$365.21</b> | <b>\$104.48</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Daddeo</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Peter</b>                                                                                                                       |                                    | MI                                         | Contribution ID #<br><b>1660</b> |
| Residential Street Address<br><b>24 Iris Way</b>                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | City<br><b>Berlin</b>                                                                                                                       |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06037</b>         |
| Principal Occupation<br><b>Real estate</b>                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | Name of Employer<br><b>Commercial Services Realty</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>05/15/2026</b> | Aggregate Contributions<br><b>\$260.73</b> | <b>\$260.73</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Rafferty</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | First<br><b>Elizabeth</b>                                                                                                                   |                                    | MI                                         | Contribution ID #<br><b>1661</b> |
| Residential Street Address<br><b>383 Longmeadow Rd</b>                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | City<br><b>Orange</b>                                                                                                                       |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06477</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>05/15/2026</b> | Aggregate Contributions<br><b>\$300.00</b> | <b>\$50.00</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Martinez</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | First<br><b>Tedman</b>                                                                                                                      |                                    | MI                                         | Contribution ID #<br><b>1662</b> |
| Residential Street Address<br><b>17 Overlook Dr</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>Waterford</b>                                                                                                                    |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06385</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>05262026D</b>                                                                                                                                | 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>05/15/2026</b> | Aggregate Contributions<br><b>\$521.15</b> | <b>\$521.15</b>                  |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                              |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------|----------------------------------|
| Last Name<br><b>Aberasturia</b>                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | First<br><b>Ram</b>                                                                                                                         |                                    | MI                                           | Contribution ID #<br><b>1663</b> |
| Residential Street Address<br><b>64 Ridgeview Way</b>                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | City<br><b>Ellington</b>                                                                                                                    |                                    | State<br><b>CT</b>                           | Zip Code<br><b>06029</b>         |
| Principal Occupation<br><b>Division Director</b>                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | Name of Employer<br><b>State of Connecticut</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>05/15/2026</b> | Aggregate Contributions<br><b>\$1,042.30</b> | <b>\$521.15</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Rodriguez</b>                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | First<br><b>Naomi</b>                                                                                                                       |                                    | MI                                         | Contribution ID #<br><b>1664</b> |
| Residential Street Address<br><b>26 Mayfair Rd</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | City<br><b>Belle Mead</b>                                                                                                                   |                                    | State<br><b>NJ</b>                         | Zip Code<br><b>08502</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>05/15/2026</b> | Aggregate Contributions<br><b>\$854.80</b> | <b>\$521.15</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                              |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------|----------------------------------|
| Last Name<br><b>Redlich</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Karen</b>                                                                                                                       |                                    | MI                                           | Contribution ID #<br><b>1665</b> |
| Residential Street Address<br><b>15 Island Ave</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | City<br><b>Madison</b>                                                                                                                      |                                    | State<br><b>CT</b>                           | Zip Code<br><b>06443</b>         |
| Principal Occupation<br><b>professor</b>                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | Name of Employer<br><b>University of New Haven</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>05/15/2026</b> | Aggregate Contributions<br><b>\$1,068.33</b> | <b>\$26.35</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Smith</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>Anthony</b>                                                                                                                     |                                    | MI<br><b>A</b>                             | Contribution ID #<br><b>1666</b> |
| Residential Street Address<br><b>908 Broad St</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | City<br><b>Stratford</b>                                                                                                                    |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06615</b>         |
| Principal Occupation<br><b>Professor</b>                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | Name of Employer<br><b>Yale University</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>05172026A</b>                                                                                                                                | 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>05/15/2026</b> | Aggregate Contributions<br><b>\$250.00</b> | <b>\$250.00</b>                  |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Martin</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Jessica K.</b>                                                                                                                  |                                    | MI                                         | Contribution ID #<br><b>1667</b> |
| Residential Street Address<br><b>431 Church St</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | City<br><b>Wethersfield</b>                                                                                                                 |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06109</b>         |
| Principal Occupation<br><b>Artist manager</b>                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | Name of Employer<br><b>Marionette Management</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>05/16/2026</b> | Aggregate Contributions<br><b>\$250.00</b> | <b>\$250.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                              |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------|----------------------------------|
| Last Name<br><b>Emmel</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>David</b>                                                                                                                       |                                    | MI                                           | Contribution ID #<br><b>1668</b> |
| Residential Street Address<br><b>28 Henderson Dr</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br><b>Avon</b>                                                                                                                         |                                    | State<br><b>CT</b>                           | Zip Code                         |
| 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>05/16/2026</b> | Aggregate Contributions<br><b>\$1,041.98</b> | <b>\$1,041.98</b>                |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Glanz</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>Edward</b>                                                                                                                      |                                    | MI                                         | Contribution ID #<br><b>1669</b> |
| Residential Street Address<br><b>10 Bigelow Rd</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | City<br><b>New Fairfield</b>                                                                                                                |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06812</b>         |
| Principal Occupation<br><b>Banker</b>                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | Name of Employer<br><b>Union Savings 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>05/16/2026</b> | Aggregate Contributions<br><b>\$600.00</b> | <b>\$500.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Blanchette</b>                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                | First<br><b>Gary</b>                                                                                                                        |                                    | MI<br><b>J</b>                             | Contribution ID #<br><b>1670</b> |
| Residential Street Address<br><b>250 Jobs Hill Rd</b>                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | City<br><b>Ellington</b>                                                                                                                    |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06029</b>         |
| Principal Occupation<br><b>Teacher</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>05/16/2026</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            |
|-------------------------------------------------------------------------|---------------------------|
| Bysiewicz for CT                                                        | July 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Picard</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Jeannine</b>                                                                                                                    |                                    | MI                                         | Contribution ID #<br><b>1671</b> |
| Residential Street Address<br><b>16 Gregory Rd</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | City<br><b>West Haven</b>                                                                                                                   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06516</b>         |
| Principal Occupation<br><b>bookkeeper</b>                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | Name of Employer<br><b>OLM</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>05/17/2026</b> | Aggregate Contributions<br><b>\$250.00</b> | <b>\$250.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Young</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>Philip</b>                                                                                                                      |                                    | MI                                        | Contribution ID #<br><b>1672</b> |
| Residential Street Address<br><b>88 Wood Ave .</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | City<br><b>Stratford</b>                                                                                                                    |                                    | State<br><b>CT</b>                        | Zip Code                         |
| Principal Occupation<br><b>Chef</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>05172026A</b>                                                                                                                                | 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>05/17/2026</b> | Aggregate Contributions<br><b>\$52.40</b> | <b>\$52.40</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Aponte</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Alexander</b>                                                                                                                   |                                    | MI                                         | Contribution ID #<br><b>1673</b> |
| Residential Street Address<br><b>40 Jackson St</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | City<br><b>New Britain</b>                                                                                                                  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06053</b>         |
| Principal Occupation<br><b>Attorney</b>                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | Name of Employer<br><b>Law office of Alexander Aponte</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>05/17/2026</b> | Aggregate Contributions<br><b>\$500.00</b> | <b>\$500.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Ramsey Fuhlbrigge</b>                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | First<br><b>Kelly</b>                                                                                                                       |                                    | MI                                        | Contribution ID #<br><b>1674</b> |
| Residential Street Address<br><b>34 Ellsworth Ln</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br><b>Ellington</b>                                                                                                                    |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06029</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 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>05/17/2026</b> | Aggregate Contributions<br><b>\$52.40</b> | <b>\$52.40</b>                   |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Cann</b>                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | First<br><b>Dr. Immacula</b>                                                                                                                |                                    | MI                                         | Contribution ID #<br><b>1675</b> |
| Residential Street Address<br><b>234 Klondike St</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br><b>Stratford</b>                                                                                                                    |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06614</b>         |
| Principal Occupation<br><b>DNP-RN</b>                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | Name of Employer<br><b>Silver Hill Hospital</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>05/17/2026</b> | Aggregate Contributions<br><b>\$521.77</b> | <b>\$104.48</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Gaudett</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Thomas</b>                                                                                                                      |                                    | MI                                         | Contribution ID #<br><b>1676</b> |
| Residential Street Address<br><b>1705 Capitol Ave</b>                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | City<br><b>Bridgeport</b>                                                                                                                   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06604</b>         |
| Principal Occupation<br><b>Chief Administrative 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>05172026A</b>                                                                                                                                | 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>05/17/2026</b> | Aggregate Contributions<br><b>\$500.00</b> | <b>\$500.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Singleton</b>                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | First<br><b>Joan</b>                                                                                                                        |                                    | MI                                         | Contribution ID #<br><b>1677</b> |
| Residential Street Address<br><b>19 Field Brook Rd</b>                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | City<br><b>Madison</b>                                                                                                                      |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06443</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>05172026B</b>                                                                                                                                | 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>05/17/2026</b> | Aggregate Contributions<br><b>\$333.65</b> | <b>\$333.65</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Levine</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Seth</b>                                                                                                                        |                                    | MI                                         | Contribution ID #<br><b>1678</b> |
| Residential Street Address<br><b>60 Birch Pl</b>                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | City<br><b>Stratford</b>                                                                                                                    |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06614</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>05/17/2026</b> | Aggregate Contributions<br><b>\$387.08</b> | <b>\$260.73</b>                  |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Rader</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>Moir</b>                                                                                                                        |                                    | MI                                        | Contribution ID #<br><b>1679</b> |
| Residential Street Address<br><b>72 Decatur Ave</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>Guilford</b>                                                                                                                     |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06437</b>         |
| Principal Occupation<br><b>State legislator</b>                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Name of Employer<br><b>State of Connecticut</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>05172026B</b>                                                                                                                                | 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>05/17/2026</b> | Aggregate Contributions<br><b>\$25.00</b> | <b>\$25.00</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Taubes</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Alexander</b>                                                                                                                   |                                    | MI                                         | Contribution ID #<br><b>1680</b> |
| Residential Street Address<br><b>360 State St # 1622</b>                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | City<br><b>New Haven</b>                                                                                                                    |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06510</b>         |
| Principal Occupation<br><b>Civil Rights Attorney</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | Name of Employer<br><b>Taubes 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>05/17/2026</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Joseff</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Matthew</b>                                                                                                                     |                                    | MI<br><b>J</b>                            | Contribution ID #<br><b>1681</b> |
| Residential Street Address<br><b>129 Green Hill Rd</b>                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | City<br><b>Madison</b>                                                                                                                      |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06443</b>         |
| Principal Occupation<br><b>Sales</b>                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | Name of Employer<br><b>Splunk, a Cisco Company</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>05/17/2026</b> | Aggregate Contributions<br><b>\$52.70</b> | <b>\$26.35</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Joseff</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Matthew</b>                                                                                                                     |                                    | MI<br><b>J</b>                            | Contribution ID #<br><b>1682</b> |
| Residential Street Address<br><b>129 Green Hill Rd</b>                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | City<br><b>Madison</b>                                                                                                                      |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06443</b>         |
| Principal Occupation<br><b>Sales</b>                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | Name of Employer<br><b>Splunk, a Cisco Company</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>05/17/2026</b> | Aggregate Contributions<br><b>\$52.70</b> | <b>\$26.35</b>                   |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                              |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------|----------------------------------|
| Last Name<br><b>Lee</b>                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | First<br><b>Keatjin</b>                                                                                                                     |                                    | MI                                           | Contribution ID #<br><b>1683</b> |
| Residential Street Address<br><b>219 Uncas Point Rd</b>                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | City<br><b>Guilford</b>                                                                                                                     |                                    | State<br><b>CT</b>                           | Zip Code<br><b>06437</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>05/17/2026</b> | Aggregate Contributions<br><b>\$2,000.00</b> | <b>\$2,000.00</b>                |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Streater</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | First<br><b>Troy</b>                                                                                                                        |                                    | MI                                         | Contribution ID #<br><b>1684</b> |
| Residential Street Address<br><b>428 Dixwell Ave</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br><b>New Haven</b>                                                                                                                    |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06511</b>         |
| Principal Occupation<br><b>Counselor/Supervisor</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | Name of Employer<br><b>180 Center</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>05172026A</b>                                                                                                                                | 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>05/17/2026</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Downes</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Laura</b>                                                                                                                       |                                    | MI<br><b>B</b>                             | Contribution ID #<br><b>1685</b> |
| Residential Street Address<br><b>54 Quarry Ledge</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br><b>Madison</b>                                                                                                                      |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06443</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>05172026B</b>                                                                                                                                | 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>05/17/2026</b> | Aggregate Contributions<br><b>\$200.00</b> | <b>\$200.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Marcone</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Richard</b>                                                                                                                     |                                    | MI<br><b>T</b>                            | Contribution ID #<br><b>1686</b> |
| Residential Street Address<br><b>275 Luanne Rd</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | City<br><b>Stratford</b>                                                                                                                    |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06614</b>         |
| Principal Occupation<br><b>Part time clerk</b>                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                | Name of Employer<br><b>Town of Stratford</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>05172026A</b>                                                                                                                                | 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>05/17/2026</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            |
|-------------------------------------------------------------------------|---------------------------|
| Bysiewicz for CT                                                        | July 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Widlitz</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Patricia</b>                                                                                                                    |                                    | MI<br><b>M</b>                             | Contribution ID #<br><b>1687</b> |
| Residential Street Address<br><b>12 Island Bay Cir</b>                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | City<br><b>Guilford</b>                                                                                                                     |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06437</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>05172026B</b>                                                                                                                                | 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>05/17/2026</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                              |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------|----------------------------------|
| Last Name<br><b>Zachs</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>Henry</b>                                                                                                                       |                                    | MI<br><b>CT</b>                              | Contribution ID #<br><b>1688</b> |
| Residential Street Address<br><b>3 Schuyler Ln</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | City<br><b>Bloomfield</b>                                                                                                                   |                                    | State<br><b>CT</b>                           | Zip Code<br><b>06002</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>05/18/2026</b> | Aggregate Contributions<br><b>\$2,000.00</b> | <b>\$2,000.00</b>                |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Berman</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Arnie</b>                                                                                                                       |                                    | MI<br><b>CT</b>                           | Contribution ID #<br><b>1689</b> |
| Residential Street Address<br><b>63 High Rock Rd</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br><b>Sandy Hook</b>                                                                                                                   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06482</b>         |
| Principal Occupation<br><b>Revenue Officer</b>                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                | Name of Employer<br><b>The Providence Group</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>05/18/2026</b> | Aggregate Contributions<br><b>\$52.40</b> | <b>\$52.40</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>McAndrew</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | First<br><b>Christine</b>                                                                                                                   |                                    | MI<br><b>CT</b>                           | Contribution ID #<br><b>1690</b> |
| Residential Street Address<br><b>2 Pinnacle Dr</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | City<br><b>Newtown</b>                                                                                                                      |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06470</b>         |
| Principal Occupation<br><b>student</b>                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | Name of Employer<br><b>student</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>05/18/2026</b> | Aggregate Contributions<br><b>\$52.40</b> | <b>\$52.40</b>                   |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Greene</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Matthew</b>                                                                                                                     |                                    | MI<br><b>H</b>                             | Contribution ID #<br><b>1691</b> |
| Residential Street Address<br><b>99 Lower Blvd</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | City<br><b>New London</b>                                                                                                                   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06320</b>         |
| Principal Occupation<br><b>Probate Judge/Attorney</b>                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | Name of Employer<br><b>NL Probate Court/Mueller Greene 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 checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br><b>05/18/2026</b> | Aggregate Contributions<br><b>\$320.00</b> | <b>\$320.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Saums</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>William</b>                                                                                                                     |                                    | MI<br><b>D</b>                            | Contribution ID #<br><b>1692</b> |
| Residential Street Address<br><b>333 Pumpkin Hill Rd</b>                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | City<br><b>Ledyard</b>                                                                                                                      |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06339</b>         |
| Principal Occupation<br><b>Consultant</b>                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | Name of Employer<br><b>Centech Solutions 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 checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br><b>05/18/2026</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Song</b>                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | First<br><b>Kristin</b>                                                                                                                     |                                    | MI                                         | Contribution ID #<br><b>1693</b> |
| Residential Street Address<br><b>138 Deepwood Dr</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br><b>Guilford</b>                                                                                                                     |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06437</b>         |
| Principal Occupation<br><b>Admin</b>                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | Name of Employer<br><b>GetControl.net</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>05172026B</b>                                                                                                                                | 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>05/18/2026</b> | Aggregate Contributions<br><b>\$500.00</b> | <b>\$500.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Guerrera</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | First<br><b>Nancy</b>                                                                                                                       |                                    | MI                                         | Contribution ID #<br><b>1694</b> |
| Residential Street Address<br><b>111 Garden St</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | City<br><b>Wethersfield</b>                                                                                                                 |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06109</b>         |
| Principal Occupation<br><b>REGISTERED NURSE</b>                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Name of Employer<br><b>Hartford Healthcare</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>05/19/2026</b> | Aggregate Contributions<br><b>\$104.48</b> | <b>\$104.48</b>                  |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Patrick</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Barbara</b>                                                                                                                     |                                    | MI                                        | Contribution ID #<br><b>1695</b> |
| Residential Street Address<br><b>95 Boggs Hill Rd</b>                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | City<br><b>Newtown</b>                                                                                                                      |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06470</b>         |
| Principal Occupation<br><b>Artist</b>                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | Name of Employer<br><b>Barb Patrick 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>05/19/2026</b> | Aggregate Contributions<br><b>\$26.35</b> | <b>\$26.35</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Tallarita</b>                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | First<br><b>Kathleen M</b>                                                                                                                  |                                    | MI                                         | Contribution ID #<br><b>1696</b> |
| Residential Street Address<br><b>12 Peggy Ln</b>                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | City<br><b>Enfield</b>                                                                                                                      |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06082</b>         |
| Principal Occupation<br><b>Manager</b>                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | Name of Employer<br><b>Access Health CT</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>06142026I</b>                                                                                                                                | 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>05/19/2026</b> | Aggregate Contributions<br><b>\$250.00</b> | <b>\$250.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>O'Sullivan</b>                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                | First<br><b>William</b>                                                                                                                     |                                    | MI                                         | Contribution ID #<br><b>1697</b> |
| Residential Street Address<br><b>83 Lavender Ln</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>Rocky Hill</b>                                                                                                                   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06067</b>         |
| Principal Occupation<br><b>attorney</b>                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | Name of Employer<br><b>O'Sullivan McCormack Jensen &amp; Bliss 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 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>05/19/2026</b> | Aggregate Contributions<br><b>\$250.00</b> | <b>\$250.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Skalandunas</b>                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | First<br><b>Alexa</b>                                                                                                                       |                                    | MI                                         | Contribution ID #<br><b>1698</b> |
| Residential Street Address<br><b>6 Lincoln Rd</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | City<br><b>Newtown</b>                                                                                                                      |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06470</b>         |
| Principal Occupation<br><b>Real Estate Agent</b>                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | Name of Employer<br><b>William Raveis</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>05/19/2026</b> | Aggregate Contributions<br><b>\$104.80</b> | <b>\$52.40</b>                   |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Bloom</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>Jordana</b>                                                                                                                     |                                    | MI                                         | Contribution ID #<br><b>1699</b> |
| Residential Street Address<br><b>34 Main St</b>                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | City<br><b>Newtown</b>                                                                                                                      |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06470</b>         |
| Principal Occupation<br><b>Strategic Project Manager</b>                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | Name of Employer<br><b>C.H. Booth Library</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>05/19/2026</b> | Aggregate Contributions<br><b>\$261.04</b> | <b>\$104.48</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Fletcher</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | First<br><b>John</b>                                                                                                                        |                                    | MI                                        | Contribution ID #<br><b>1700</b> |
| Residential Street Address<br><b>34 Main St</b>                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | City<br><b>Newtown</b>                                                                                                                      |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06470</b>         |
| Principal Occupation<br><b>Operations</b>                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | Name of Employer<br><b>IBM</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>05/19/2026</b> | Aggregate Contributions<br><b>\$52.40</b> | <b>\$52.40</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                              |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------|----------------------------------|
| Last Name<br><b>Sotil</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>Ricardo</b>                                                                                                                     |                                    | MI                                           | Contribution ID #<br><b>1701</b> |
| Residential Street Address<br><b>426 S Grand St</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>West Suffield</b>                                                                                                                |                                    | State<br><b>CT</b>                           | Zip Code<br><b>06093</b>         |
| Principal Occupation<br><b>Arborist lo</b>                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | Name of Employer<br><b>Ricardo Sotil</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>05/19/2026</b> | Aggregate Contributions<br><b>\$1,000.00</b> | <b>\$1,000.00</b>                |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Tumel</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>Aaron</b>                                                                                                                       |                                    | MI                                         | Contribution ID #<br><b>1702</b> |
| Residential Street Address<br><b>107 W Old Route 6</b>                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | City<br><b>Hampton</b>                                                                                                                      |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06247</b>         |
| Principal Occupation<br><b>Assistant</b>                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | Name of Employer<br><b>Gates GMC Truck Inc</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>05/19/2026</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$50.00</b>                   |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                       |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|---------------------------------------|---------------------------|
| Last Name<br>Cotton                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | First<br>Carlita                                                                                                                            |                             | MI                                    | Contribution ID #<br>1703 |
| Residential Street Address<br>3 Charter Oak Sq                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                | City<br>Mansfield                                                                                                                           |                             | State<br>CT                           | Zip Code<br>06250         |
| Principal Occupation<br>Professor                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | Name of Employer<br>Charter Oak State College                                                                                               |                             |                                       |                           |
| 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>05/19/2026 | Aggregate Contributions<br>\$1,021.15 | \$500.00                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Bolte                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | First<br>Jessica                                                                                                                            |                             | MI                                  | Contribution ID #<br>1704 |
| Residential Street Address<br>1081 Riverside Dr                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | City<br>North Grosvenordale                                                                                                                 |                             | State<br>CT                         | Zip Code<br>06255         |
| Principal Occupation<br>Senior Property Claims Adjuster                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | Name of Employer<br>Capstone ISG                                                                                                            |                             |                                     |                           |
| 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>05/19/2026 | Aggregate Contributions<br>\$156.88 | \$104.48                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Zannoni                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | First<br>Zach                                                                                                                               |                             | MI                                  | Contribution ID #<br>1705 |
| Residential Street Address<br>113 Raffia                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | City<br>Enfield                                                                                                                             |                             | State<br>CT                         | Zip Code<br>06082         |
| Principal Occupation<br>Long Term Substitute                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | Name of Employer<br>Avon Public Schools                                                                                                     |                             |                                     |                           |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>06142026I</u>                                                                                                                                | 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>05/19/2026 | Aggregate Contributions<br>\$104.48 | \$104.48                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                       |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|---------------------------------------|---------------------------|
| Last Name<br>Borner                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | First<br>Thomas                                                                                                                             |                             | MI                                    | Contribution ID #<br>1706 |
| Residential Street Address<br>1 Town House Dr                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | City<br>Pomfret Center                                                                                                                      |                             | State<br>CT                           | Zip Code<br>06259         |
| Principal Occupation<br>Attorney                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | Name of Employer<br>Northeast Law Center                                                                                                    |                             |                                       |                           |
| 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>05/20/2026 | Aggregate Contributions<br>\$1,000.00 | \$1,000.00                |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                    |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>Lofquist                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | First<br>Robin                                                                                                                              |                             | MI                                 | Contribution ID #<br>1707 |
| Residential Street Address<br>25 Lafantasie Rd                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                | City<br>Danielson                                                                                                                           |                             | State<br>CT                        | Zip Code<br>06239         |
| 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>05/20/2026 | Aggregate Contributions<br>\$35.00 | \$35.00                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>McGuire                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | First<br>John                                                                                                                               |                             | MI                                  | Contribution ID #<br>1708 |
| Residential Street Address<br>Box 599                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | City<br>Enfield                                                                                                                             |                             | State<br>CT                         | Zip Code<br>06083         |
| 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>05/20/2026 | Aggregate Contributions<br>\$260.73 | \$260.73                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                    |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>Child                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | First<br>Frederic                                                                                                                           |                             | MI                                 | Contribution ID #<br>1709 |
| Residential Street Address<br>32 Ashford Ln                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | City<br>Newtown                                                                                                                             |                             | State<br>CT                        | Zip Code<br>06470         |
| Principal Occupation<br>owner                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | Name of Employer<br>The Ashford Group, LLC                                                                                                  |                             |                                    |                           |
| 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>05/20/2026 | Aggregate Contributions<br>\$50.00 | \$50.00                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Santanella                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | First<br>John                                                                                                                               |                             | MI                                  | Contribution ID #<br>1710 |
| Residential Street Address<br>1204 Enfield St                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | City<br>Enfield                                                                                                                             |                             | State<br>CT                         | Zip Code<br>06082         |
| Principal Occupation<br>CEO                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | Name of Employer<br>Roebuck Investment Corporation, Inc.                                                                                    |                             |                                     |                           |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>06142026I</u>                                                                                                                                | 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>05/20/2026 | Aggregate Contributions<br>\$252.40 | \$200.00                  |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Pheanious</b>                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | First<br><b>Pat</b>                                                                                                                         |                                    | MI                                         | Contribution ID #<br><b>1711</b> |
| Residential Street Address<br><b>63 Squaw Hollow Rd</b>                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | City<br><b>Ashford</b>                                                                                                                      |                                    | State<br><b>CT</b>                         | Zip Code                         |
| Principal Occupation<br><b>Program Director</b>                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Name of Employer<br><b>Historic New England</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>05/20/2026</b> | Aggregate Contributions<br><b>\$250.00</b> | <b>\$250.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                              |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------|----------------------------------|
| Last Name<br><b>Williams</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | First<br><b>Kimalee</b>                                                                                                                     |                                    | MI<br><b>M</b>                               | Contribution ID #<br><b>1712</b> |
| Residential Street Address<br><b>88 Canterbury St</b>                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | City<br><b>Hartford</b>                                                                                                                     |                                    | State<br><b>CT</b>                           | Zip Code<br><b>06112</b>         |
| Principal Occupation<br><b>Property Manager</b>                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Name of Employer<br><b>Faith Asset Management, 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>06012026G</b>                                                                                                                                | 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>05/20/2026</b> | Aggregate Contributions<br><b>\$1,000.00</b> | <b>\$1,000.00</b>                |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Pempek</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>J. Scott</b>                                                                                                                    |                                    | MI                                         | Contribution ID #<br><b>1713</b> |
| Residential Street Address<br><b>90 Five Mile River Rd</b>                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | City<br><b>Putnam</b>                                                                                                                       |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06260</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>05/20/2026</b> | Aggregate Contributions<br><b>\$250.00</b> | <b>\$250.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Cressotti</b>                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | First<br><b>Robert</b>                                                                                                                      |                                    | MI<br><b>A</b>                             | Contribution ID #<br><b>1714</b> |
| Residential Street Address<br><b>1320 Enfield St</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br><b>Enfield</b>                                                                                                                      |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06082</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>05/20/2026</b> | Aggregate Contributions<br><b>\$250.00</b> | <b>\$250.00</b>                  |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Burgess</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Carol</b>                                                                                                                       |                                    | MI                                        | Contribution ID #<br><b>1715</b> |
| Residential Street Address<br><b>28 New Hampshire Ln</b>                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | City<br><b>Oakdale</b>                                                                                                                      |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06370</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>05/21/2026</b> | Aggregate Contributions<br><b>\$26.35</b> | <b>\$26.35</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Jordan</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Laura</b>                                                                                                                       |                                    | MI                                        | Contribution ID #<br><b>1716</b> |
| Residential Street Address<br><b>43 Girard Ave</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | City<br><b>Hartford</b>                                                                                                                     |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06105</b>         |
| Principal Occupation<br><b>Government affairs</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | Name of Employer<br><b>Stamford Health</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 checked="" type="checkbox"/> Yes <input 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>05/21/2026</b> | Aggregate Contributions<br><b>\$52.40</b> | <b>\$52.40</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Winzer</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Gerard</b>                                                                                                                      |                                    | MI                                         | Contribution ID #<br><b>1717</b> |
| Residential Street Address<br><b>80 Baldin Dr</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | City<br><b>Middletown</b>                                                                                                                   |                                    | State<br><b>CT</b>                         | Zip Code                         |
| 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>05/21/2026</b> | Aggregate Contributions<br><b>\$104.48</b> | <b>\$104.48</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Brady</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>Michelle</b>                                                                                                                    |                                    | MI                                         | Contribution ID #<br><b>1718</b> |
| Residential Street Address<br><b>159 Snake Meadow Hill Rd</b>                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | City<br><b>Sterling</b>                                                                                                                     |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06377</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 checked="" type="checkbox"/> Yes <input 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>05/21/2026</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            |
|-------------------------------------------------------------------------|---------------------------|
| Bysiewicz for CT                                                        | July 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Gerratana</b>                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | First<br><b>Frank</b>                                                                                                                       |                                    | MI                                        | Contribution ID #<br><b>1719</b> |
| Residential Street Address<br><b>632 Massachusetts Ave # 214</b>                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | City<br><b>Cambridge</b>                                                                                                                    |                                    | State<br><b>MA</b>                        | Zip Code<br><b>02139</b>         |
| Principal Occupation<br><b>Attorney</b>                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | Name of Employer<br><b>Calyx Law LLP</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>05272026E</b>                                                                                                                                | 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>05/21/2026</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Wazorko</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Chrisotpher</b>                                                                                                                 |                                    | MI                                         | Contribution ID #<br><b>1720</b> |
| Residential Street Address<br><b>19 Usher Ave</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | City<br><b>Plainville</b>                                                                                                                   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06062</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>05272026E</b>                                                                                                                                | 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>05/21/2026</b> | Aggregate Contributions<br><b>\$250.00</b> | <b>\$250.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Post</b>                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | First<br><b>Connie</b>                                                                                                                      |                                    | MI                                         | Contribution ID #<br><b>1721</b> |
| Residential Street Address<br><b>62 Cardinal Dr</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>Dayville</b>                                                                                                                     |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06241</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>05/21/2026</b> | Aggregate Contributions<br><b>\$260.73</b> | <b>\$260.73</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Donnelly</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | First<br><b>Maryellen</b>                                                                                                                   |                                    | MI                                         | Contribution ID #<br><b>1722</b> |
| Residential Street Address<br><b>114 Old Town Pound Rd</b>                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | City<br><b>Hampton</b>                                                                                                                      |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06247</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>05/21/2026</b> | Aggregate Contributions<br><b>\$156.56</b> | <b>\$156.56</b>                  |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Wojcik                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | First<br>Barbara                                                                                                                            |                             | MI                                  | Contribution ID #<br>1723 |
| Residential Street Address<br>25 Horseshoe Ridge Rd                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br>Sandy Hook                                                                                                                          |                             | State<br>CT                         | Zip Code<br>06482         |
| 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>05/21/2026 | Aggregate Contributions<br>\$104.48 | \$104.48                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Ritchie                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | First<br>Theresa                                                                                                                            |                             | MI                                  | Contribution ID #<br>1724 |
| Residential Street Address<br>81 High Rock Rd                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | City<br>Sandy Hook                                                                                                                          |                             | State<br>CT                         | Zip Code<br>06482         |
| 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>05/21/2026 | Aggregate Contributions<br>\$104.48 | \$104.48                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                    |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>KYPRIANOU                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | First<br>AGNI                                                                                                                               |                             | MI                                 | Contribution ID #<br>1725 |
| Residential Street Address<br>20 Sleepy Hollow Rd                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | City<br>Sandy Hook                                                                                                                          |                             | State<br>CT                        | Zip Code<br>06482         |
| Principal Occupation<br>Interior designer                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | Name of Employer<br>APK DESIGNS                                                                                                             |                             |                                    |                           |
| 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>05/21/2026 | Aggregate Contributions<br>\$75.00 | \$75.00                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                    |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>Boccuzzi                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | First<br>John                                                                                                                               |                             | MI<br>S                            | Contribution ID #<br>1726 |
| Residential Street Address<br>57 Queen St                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | City<br>Newtown                                                                                                                             |                             | State<br>CT                        | Zip Code<br>06470         |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>05212026C</u>                                                                                                                                | 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>05/21/2026 | Aggregate Contributions<br>\$50.00 | \$50.00                   |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Rod</b>                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | First<br><b>Denise</b>                                                                                                                      |                                    | MI<br><b>M</b>                            | Contribution ID #<br><b>1727</b> |
| Residential Street Address<br><b>7 Briarwood Ln</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>Newtown</b>                                                                                                                      |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06476</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>05212026C</b>                                                                                                                                | 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>05/21/2026</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Young</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>Mary</b>                                                                                                                        |                                    | MI<br><b>E</b>                             | Contribution ID #<br><b>1728</b> |
| Residential Street Address<br><b>48 Queen St</b>                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | City<br><b>Newtown</b>                                                                                                                      |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06470</b>         |
| Principal Occupation<br><b>Theater Teacher</b>                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                | Name of Employer<br><b>Theater Arts + Opportunities</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>05212026C</b>                                                                                                                                | 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>05/21/2026</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Beatrice</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | First<br><b>Meredith</b>                                                                                                                    |                                    | MI<br><b></b>                             | Contribution ID #<br><b>1729</b> |
| Residential Street Address<br><b>158 Hartford Ave</b>                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | City<br><b>Newington</b>                                                                                                                    |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06111</b>         |
| Principal Occupation<br><b>Optician</b>                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | Name of Employer<br><b>Optometric Specialty Group</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>05/22/2026</b> | Aggregate Contributions<br><b>\$25.00</b> | <b>\$25.00</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                              |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------|----------------------------------|
| Last Name<br><b>McDermott</b>                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | First<br><b>Brian</b>                                                                                                                       |                                    | MI<br><b></b>                                | Contribution ID #<br><b>1730</b> |
| Residential Street Address<br><b>70 Reverknolls</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>Avon</b>                                                                                                                         |                                    | State<br><b>CT</b>                           | Zip Code<br><b></b>              |
| Principal Occupation<br><b>Business Development</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | Name of Employer<br><b>Cosaint International, 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>06142026I</b>                                                                                                                                | 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>05/22/2026</b> | Aggregate Contributions<br><b>\$1,041.98</b> | <b>\$1,041.98</b>                |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                |  |                                                                                                                                                                                             |  |                                                                                                                                          |                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| Last Name<br><b>Kilbourne</b>                                                                                                                                                                                                                  |  | First<br><b>Dean</b>                                                                                                                                                                        |  | MI                                                                                                                                       | Contribution ID #<br><b>1731</b>             |
| Residential Street Address<br><b>381 Fern Hill Rd</b>                                                                                                                                                                                          |  | City<br><b>Bristol</b>                                                                                                                                                                      |  | State<br><b>CT</b>                                                                                                                       | Zip Code<br><b>06010</b>                     |
| Principal Occupation<br><b>Attorney</b>                                                                                                                                                                                                        |  | Name of Employer<br><b>Kilbourne &amp; Tully, P.C.</b>                                                                                                                                      |  |                                                                                                                                          |                                              |
| 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                         |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                              |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><br>If yes, list Event # <b>05272026E</b>                                                         |  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |  | Date Received<br><b>05/22/2026</b>                                                                                                       | Aggregate Contributions<br><b>\$2,000.00</b> |
| Amount of Contribution<br><b>\$1,000.00</b>                                                                                                                                                                                                    |  |                                                                                                                                                                                             |  |                                                                                                                                          |                                              |

|                                                                                                                                                                                                                                                |  |                                                                                                                                                                                             |  |                                                                                                                                          |                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| Last Name<br><b>Sugarman</b>                                                                                                                                                                                                                   |  | First<br><b>David</b>                                                                                                                                                                       |  | MI                                                                                                                                       | Contribution ID #<br><b>1732</b>           |
| Residential Street Address<br><b>41 Highland St</b>                                                                                                                                                                                            |  | City<br><b>Moosup</b>                                                                                                                                                                       |  | State<br><b>CT</b>                                                                                                                       | Zip Code<br><b>06354</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><br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                         |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                            |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><br>If yes, list Event #                                                                          |  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |  | Date Received<br><b>05/22/2026</b>                                                                                                       | Aggregate Contributions<br><b>\$129.48</b> |
| Amount of Contribution<br><b>\$104.48</b>                                                                                                                                                                                                      |  |                                                                                                                                                                                             |  |                                                                                                                                          |                                            |

|                                                                                                                                                                                                                                                |  |                                                                                                                                                                                             |  |                                                                                                                                          |                                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| Last Name<br><b>Chafee</b>                                                                                                                                                                                                                     |  | First<br><b>Brandon</b>                                                                                                                                                                     |  | MI                                                                                                                                       | Contribution ID #<br><b>1733</b>          |
| Residential Street Address<br><b>73 Ten Acre Rd</b>                                                                                                                                                                                            |  | City<br><b>Middletown</b>                                                                                                                                                                   |  | State<br><b>CT</b>                                                                                                                       | Zip Code<br><b>06457</b>                  |
| Principal Occupation<br><b>Engineer</b>                                                                                                                                                                                                        |  | Name of Employer<br><b>Eversource</b>                                                                                                                                                       |  |                                                                                                                                          |                                           |
| 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                         |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                           |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><br>If yes, list Event #                                                                          |  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |  | Date Received<br><b>05/22/2026</b>                                                                                                       | Aggregate Contributions<br><b>\$25.00</b> |
| Amount of Contribution<br><b>\$25.00</b>                                                                                                                                                                                                       |  |                                                                                                                                                                                             |  |                                                                                                                                          |                                           |

|                                                                                                                                                                                                                                                |  |                                                                                                                                                                                             |  |                                                                                                                                          |                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| Last Name<br><b>Allegro</b>                                                                                                                                                                                                                    |  | First<br><b>Linda</b>                                                                                                                                                                       |  | MI<br><b>D</b>                                                                                                                           | Contribution ID #<br><b>1734</b>           |
| Residential Street Address<br><b>23 Vintner Pl .</b>                                                                                                                                                                                           |  | City<br><b>Enfield</b>                                                                                                                                                                      |  | State<br><b>CT</b>                                                                                                                       | Zip Code<br><b>06082</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><br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                         |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                            |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><br>If yes, list Event #                                                                          |  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |  | Date Received<br><b>05/22/2026</b>                                                                                                       | Aggregate Contributions<br><b>\$250.00</b> |
| Amount of Contribution<br><b>\$250.00</b>                                                                                                                                                                                                      |  |                                                                                                                                                                                             |  |                                                                                                                                          |                                            |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Larsen                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | First<br>Sue                                                                                                                                |                             | MI<br>W                             | Contribution ID #<br>1735 |
| Residential Street Address<br>350 Demin St                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | City<br>South Windsor                                                                                                                       |                             | State<br>CT                         | Zip Code<br>06074         |
| Principal Occupation<br>Deputy Registrar of Votes                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | Name of Employer<br>Town of S. Windsor                                                                                                      |                             |                                     |                           |
| 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>05/22/2026 | Aggregate Contributions<br>\$150.00 | \$150.00                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Nichols                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | First<br>William                                                                                                                            |                             | MI                                  | Contribution ID #<br>1736 |
| Residential Street Address<br>704 Ridge Rd                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | City<br>Wethersfield                                                                                                                        |                             | State<br>CT                         | Zip Code<br>06109         |
| 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>05/23/2026 | Aggregate Contributions<br>\$333.65 | \$333.65                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Singleton                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | First<br>Ralph                                                                                                                              |                             | MI                                  | Contribution ID #<br>1737 |
| Residential Street Address<br>19 Field Brook Rd                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | City<br>Madison                                                                                                                             |                             | State<br>CT                         | Zip Code<br>06443         |
| Principal Occupation<br>Film/TV consultant                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | Name of Employer<br>8790 Pictures Inc.                                                                                                      |                             |                                     |                           |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>05172026B</u>                                                                                                                                | 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>05/23/2026 | Aggregate Contributions<br>\$333.65 | \$333.65                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Shake                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | First<br>Kaitlyn                                                                                                                            |                             | MI                                  | Contribution ID #<br>1738 |
| Residential Street Address<br>44 Charlton St                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | City<br>Stratford                                                                                                                           |                             | State<br>CT                         | Zip Code<br>06614         |
| Principal Occupation<br>Registered Nurse                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | Name of Employer<br>Norwalk Hospital                                                                                                        |                             |                                     |                           |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>05172026A</u>                                                                                                                                | 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>05/23/2026 | 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            |
|-------------------------------------------------------------------------|---------------------------|
| Bysiewicz for CT                                                        | July 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                    |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>Anderson                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | First<br>Lora                                                                                                                               |                             | MI                                 | Contribution ID #<br>1739 |
| Residential Street Address<br>2 Jewel St                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | City<br>Enfield                                                                                                                             |                             | State<br>CT                        | Zip Code<br>06082         |
| Principal Occupation<br>Chief of Staff DOT                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | Name of Employer<br>State of CT                                                                                                             |                             |                                    |                           |
| 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>05/23/2026 | Aggregate Contributions<br>\$25.00 | \$25.00                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Zambrello                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | First<br>Emily                                                                                                                              |                             | MI                                  | Contribution ID #<br>1740 |
| Residential Street Address<br>27 Somerset St                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | City<br>Wethersfield                                                                                                                        |                             | State<br>CT                         | Zip Code<br>06109         |
| Principal Occupation<br>Policy Analyst                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | Name of Employer<br>CT House Democrats                                                                                                      |                             |                                     |                           |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>06102026H</u>                                                                                                                                | 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>\$104.48 | \$104.48                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Hurt                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | First<br>Jake                                                                                                                               |                             | MI                                  | Contribution ID #<br>1741 |
| Residential Street Address<br>6 Nugget Hill Dr                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                | City<br>Gales Ferry                                                                                                                         |                             | State<br>CT                         | Zip Code<br>06335         |
| Principal Occupation<br>Officer                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Name of Employer<br>US Navy                                                                                                                 |                             |                                     |                           |
| 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>\$339.40 | \$52.40                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                    |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>Casey                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | First<br>Steve                                                                                                                              |                             | MI                                 | Contribution ID #<br>1742 |
| Residential Street Address<br>83 Peach Tree Ln                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                | City<br>Bristol                                                                                                                             |                             | State<br>CT                        | Zip Code<br>06010         |
| 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>\$52.70 | \$26.35                   |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>DePaolo                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | First<br>Valerie                                                                                                                            |                             | MI                                  | Contribution ID #<br>1743 |
| Residential Street Address<br>184 Beechwood Dr                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                | City<br>Southington                                                                                                                         |                             | State<br>CT                         | Zip Code<br>06489         |
| Principal Occupation<br>Yoga Instructor                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | Name of Employer<br>Southington YMCA                                                                                                        |                             |                                     |                           |
| 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>\$104.48 | \$104.48                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Ghumman                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | First<br>Khuram                                                                                                                             |                             | MI                                  | Contribution ID #<br>1744 |
| Residential Street Address<br>11 Waverly Way                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | City<br>East Granby                                                                                                                         |                             | State<br>CT                         | Zip Code<br>06026         |
| Principal Occupation<br>Physician                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | Name of Employer<br>East Granby Family Practice                                                                                             |                             |                                     |                           |
| 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>05/25/2026 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>McCormick                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | First<br>Joanne                                                                                                                             |                             | MI                                  | Contribution ID #<br>1745 |
| Residential Street Address<br>5 Baldwin Ct                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | City<br>Newington                                                                                                                           |                             | State<br>CT                         | Zip Code<br>06111         |
| 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>05/25/2026 | Aggregate Contributions<br>\$260.73 | \$260.73                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                    |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>Salemi                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | First<br>Pasquale                                                                                                                           |                             | MI                                 | Contribution ID #<br>1746 |
| Residential Street Address<br>17 Pheasant Ln                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | City<br>East Hartford                                                                                                                       |                             | State<br>CT                        | Zip Code<br>06108         |
| 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>05/25/2026 | Aggregate Contributions<br>\$50.00 | \$50.00                   |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Furman</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Gayle</b>                                                                                                                       |                                    | MI                                        | Contribution ID #<br><b>1747</b> |
| Residential Street Address<br><b>35 Jan Dr</b>                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                | City<br><b>Colchester</b>                                                                                                                   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06415</b>         |
| Principal Occupation<br><b>Town Clerk</b>                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | Name of Employer<br><b>Town of colchester</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>05/25/2026</b> | Aggregate Contributions<br><b>\$77.40</b> | <b>\$25.00</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Horton</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Barnaby</b>                                                                                                                     |                                    | MI                                         | Contribution ID #<br><b>1748</b> |
| Residential Street Address<br><b>97 Westerly Ter</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br><b>Hartford</b>                                                                                                                     |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06105</b>         |
| Principal Occupation<br><b>Financial Advisor</b>                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | Name of Employer<br><b>Merrill Lynch</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>05/25/2026</b> | Aggregate Contributions<br><b>\$500.00</b> | <b>\$500.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                              |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------|----------------------------------|
| Last Name<br><b>Khanna</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Rachel</b>                                                                                                                      |                                    | MI                                           | Contribution ID #<br><b>1749</b> |
| Residential Street Address<br><b>163 John St</b>                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | City<br><b>Greenwich</b>                                                                                                                    |                                    | State<br><b>CT</b>                           | Zip Code<br><b>06831</b>         |
| Principal Occupation<br><b>Selectwoman</b>                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | Name of Employer<br><b>Town of Greenwich</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>05/25/2026</b> | Aggregate Contributions<br><b>\$2,000.00</b> | <b>\$1,000.00</b>                |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Anderson</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | First<br><b>Laurel</b>                                                                                                                      |                                    | MI                                         | Contribution ID #<br><b>1750</b> |
| Residential Street Address<br><b>5241 Main St</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | City<br><b>Trumbull</b>                                                                                                                     |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06611</b>         |
| Principal Occupation<br><b>Bookkeeper</b>                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | Name of Employer<br><b>Bungalow Inc</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>05/25/2026</b> | Aggregate Contributions<br><b>\$104.48</b> | <b>\$104.48</b>                  |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Roessler</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | First<br><b>Curtis</b>                                                                                                                      |                                    | MI                                         | Contribution ID #<br><b>1751</b> |
| Residential Street Address<br><b>14 Brattle St</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | City<br><b>West Hartford</b>                                                                                                                |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06119</b>         |
| Principal Occupation<br><b>Letter carrier</b>                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | Name of Employer<br><b>USPS</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>05/25/2026</b> | Aggregate Contributions<br><b>\$104.48</b> | <b>\$104.48</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Cunningham</b>                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                | First<br><b>Daniel</b>                                                                                                                      |                                    | MI                                         | Contribution ID #<br><b>1752</b> |
| Residential Street Address<br><b>161 Main St</b>                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | City<br><b>Niantic</b>                                                                                                                      |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06357</b>         |
| Principal Occupation<br><b>First Selectman</b>                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                | Name of Employer<br><b>Town of East Lyme</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>05262026D</b>                                                                                                                                | 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>05/25/2026</b> | Aggregate Contributions<br><b>\$604.48</b> | <b>\$500.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Doering</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Joe</b>                                                                                                                         |                                    | MI                                         | Contribution ID #<br><b>1753</b> |
| Residential Street Address<br><b>3 Sanford Rdg</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | City<br><b>East Granby</b>                                                                                                                  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06026</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>05/25/2026</b> | Aggregate Contributions<br><b>\$150.00</b> | <b>\$150.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Moon</b>                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | First<br><b>Polly</b>                                                                                                                       |                                    | MI                                         | Contribution ID #<br><b>1754</b> |
| Residential Street Address<br><b>23 Orchard Brook Dr</b>                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | City<br><b>Wethersfield</b>                                                                                                                 |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06109</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>06102026H</b>                                                                                                                                | 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>05/25/2026</b> | Aggregate Contributions<br><b>\$521.46</b> | <b>\$260.73</b>                  |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Vargas</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Edwin</b>                                                                                                                       |                                    | MI                                         | Contribution ID #<br><b>1755</b> |
| Residential Street Address<br><b>141 Douglas St</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>Hartford</b>                                                                                                                     |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06114</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>05/26/2026</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Robinson</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | First<br><b>Catherine</b>                                                                                                                   |                                    | MI                                         | Contribution ID #<br><b>1756</b> |
| Residential Street Address<br><b>47 Four Mile Rd</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br><b>West Hartford</b>                                                                                                                |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06107</b>         |
| Principal Occupation<br><b>Lobbyist</b>                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | Name of Employer<br><b>Gallo &amp; Robinson</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 checked="" type="checkbox"/> Yes <input 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>05/26/2026</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Soto</b>                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | First<br><b>Chris</b>                                                                                                                       |                                    | MI                                         | Contribution ID #<br><b>1757</b> |
| Residential Street Address<br><b>519 Florida Ave NE</b>                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | City<br><b>Washington</b>                                                                                                                   |                                    | State<br><b>DC</b>                         | Zip Code<br><b>20002</b>         |
| Principal Occupation<br><b>Consultant</b>                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | Name of Employer<br><b>Pesoni</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>05/26/2026</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                          |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------------------------------|----------------------------------|
| Last Name<br><b>Lambert</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Sandra</b>                                                                                                                      |                                    | MI                                       | Contribution ID #<br><b>1758</b> |
| Residential Street Address<br><b>27 Centre St</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | City<br><b>Mansfield Center</b>                                                                                                             |                                    | State<br><b>CT</b>                       | Zip Code<br><b>06250</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>05/26/2026</b> | Aggregate Contributions<br><b>\$6.00</b> | <b>\$3.00</b>                    |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Zyjeski</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Jeffrey</b>                                                                                                                     |                                    | MI                                         | Contribution ID #<br><b>1759</b> |
| Residential Street Address<br><b>1176 N Main St</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>West Hartford</b>                                                                                                                |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06117</b>         |
| Principal Occupation<br><b>Lobbyist</b>                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | Name of Employer<br><b>Gaffney, Bennett &amp; Associates</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 checked="" type="checkbox"/> Yes <input 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>05/26/2026</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Lavoie</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Eileen</b>                                                                                                                      |                                    | MI<br><b>M</b>                             | Contribution ID #<br><b>1760</b> |
| Residential Street Address<br><b>25 Highfield Ln</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br><b>North Branford</b>                                                                                                               |                                    | State<br><b>CT</b>                         | Zip Code                         |
| 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>05/26/2026</b> | Aggregate Contributions<br><b>\$131.15</b> | <b>\$26.35</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>McBride</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Erin</b>                                                                                                                        |                                    | MI                                        | Contribution ID #<br><b>1761</b> |
| Residential Street Address<br><b>10 Clark Pl</b>                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | City<br><b>Quaker Hill</b>                                                                                                                  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06375</b>         |
| Principal Occupation<br><b>Senior Outreach Assistant</b>                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | Name of Employer<br><b>United States Senate</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>05/26/2026</b> | Aggregate Contributions<br><b>\$52.40</b> | <b>\$52.40</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                              |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------|----------------------------------|
| Last Name<br><b>Wang</b>                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | First<br><b>Kaicheng</b>                                                                                                                    |                                    | MI                                           | Contribution ID #<br><b>1762</b> |
| Residential Street Address<br><b>115 Everett Ave</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br><b>West Hartford</b>                                                                                                                |                                    | State<br><b>CT</b>                           | Zip Code<br><b>06107</b>         |
| Principal Occupation<br><b>Senior Predictive Modeler</b>                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | Name of Employer<br><b>Middle Oak Specialty</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>05/26/2026</b> | Aggregate Contributions<br><b>\$1,000.00</b> | <b>\$1,000.00</b>                |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Dominguez                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | First<br>Efrain                                                                                                                             |                             | MI                                  | Contribution ID #<br>1763 |
| Residential Street Address<br>6 Terrace Ave                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | City<br>New London                                                                                                                          |                             | State<br>CT                         | Zip Code<br>06320         |
| Principal Occupation<br>Teacher                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Name of Employer<br>New London Public Schools                                                                                               |                             |                                     |                           |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>05262026D</u>                                                                                                                                | 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>\$250.00 | \$250.00                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                    |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>Cavanagh                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | First<br>Kevin J                                                                                                                            |                             | MI                                 | Contribution ID #<br>1764 |
| Residential Street Address<br>14 Greenway Rd                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | City<br>New London                                                                                                                          |                             | State<br>CT                        | Zip Code<br>06320         |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>05262026D</u>                                                                                                                                | 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>\$75.00 | \$75.00                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                   |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------------|---------------------------|
| Last Name<br>Bruder                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | First<br>Samuel                                                                                                                             |                             | MI                                | Contribution ID #<br>1765 |
| Residential Street Address<br>178 Spring Hill Rd Apt 2A                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | City<br>Storrs                                                                                                                              |                             | State<br>CT                       | Zip Code<br>06268         |
| Principal Occupation<br>Assistant Clerk                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | Name of Employer<br>State of CT - Judicial Branch                                                                                           |                             |                                   |                           |
| 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>\$5.00 | \$5.00                    |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                    |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>Southard                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | First<br>Kathleen                                                                                                                           |                             | MI                                 | Contribution ID #<br>1766 |
| Residential Street Address<br>89 Wildwood Ln                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | City<br>Uncasville                                                                                                                          |                             | State<br>CT                        | Zip Code<br>06382         |
| Principal Occupation<br>Teacher                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Name of Employer<br>Stonington Public Schools                                                                                               |                             |                                    |                           |
| 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>\$77.40 | \$52.40                   |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Ebbin</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>Bigi</b>                                                                                                                        |                                    | MI                                        | Contribution ID #<br><b>1767</b> |
| Residential Street Address<br><b>14 Best View Rd</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br><b>Quaker Hill</b>                                                                                                                  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06375</b>         |
| Principal Occupation<br><b>ROV</b>                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | Name of Employer<br><b>Town of Waterford</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>05/26/2026</b> | Aggregate Contributions<br><b>\$25.00</b> | <b>\$25.00</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Kennedy</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Jack</b>                                                                                                                        |                                    | MI                                         | Contribution ID #<br><b>1768</b> |
| Residential Street Address<br><b>184 Fern St Apt 2</b>                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | City<br><b>West Hartford</b>                                                                                                                |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06119</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>05/26/2026</b> | Aggregate Contributions<br><b>\$260.73</b> | <b>\$260.73</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Bowles</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Motkue</b>                                                                                                                      |                                    | MI                                        | Contribution ID #<br><b>1769</b> |
| Residential Street Address<br><b>19 Shepard Rd</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | City<br><b>West Hartford</b>                                                                                                                |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06110</b>         |
| Principal Occupation<br><b>Sleep Expert</b>                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | Name of Employer<br><b>Mattress Firm</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>05/26/2026</b> | Aggregate Contributions<br><b>\$52.40</b> | <b>\$52.40</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Peck</b>                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | First<br><b>Akil</b>                                                                                                                        |                                    | MI                                         | Contribution ID #<br><b>1770</b> |
| Residential Street Address<br><b>36 Sunset Rd</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | City<br><b>New London</b>                                                                                                                   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06320</b>         |
| Principal Occupation<br><b>Supervisor CFSS</b>                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                | Name of Employer<br><b>State of connecticut</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>05262026D</b>                                                                                                                                | 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>05/26/2026</b> | Aggregate Contributions<br><b>\$120.00</b> | <b>\$120.00</b>                  |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Rusk</b>                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | First<br><b>Jill</b>                                                                                                                        |                                    | MI                                         | Contribution ID #<br><b>1771</b> |
| Residential Street Address<br><b>85 Baker Ave .</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>Groton</b>                                                                                                                       |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06340</b>         |
| Principal Occupation<br><b>Mayor</b>                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | Name of Employer<br><b>City of Groton</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>05262026D</b>                                                                                                                                | 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>05/26/2026</b> | Aggregate Contributions<br><b>\$260.73</b> | <b>\$260.73</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Hambey</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Susan</b>                                                                                                                       |                                    | MI                                        | Contribution ID #<br><b>1772</b> |
| Residential Street Address<br><b>15 Berkeley Ave</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br><b>New London</b>                                                                                                                   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06320</b>         |
| Principal Occupation<br><b>Recreation</b>                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | Name of Employer<br><b>Beechwood</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>05/26/2026</b> | Aggregate Contributions<br><b>\$26.35</b> | <b>\$26.35</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Sr.</b>                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | First<br><b>Adam</b>                                                                                                                        |                                    | MI<br><b>J</b>                             | Contribution ID #<br><b>1773</b> |
| Residential Street Address<br><b>100 Plaza Ct Unit 728</b>                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | City<br><b>Groton</b>                                                                                                                       |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06340</b>         |
| Principal Occupation<br><b>Home Improvement Contractor</b>                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | Name of Employer<br><b>I Gotta Guy 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>05/26/2026</b> | Aggregate Contributions<br><b>\$104.48</b> | <b>\$104.48</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Muller</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Leota</b>                                                                                                                       |                                    | MI                                         | Contribution ID #<br><b>1774</b> |
| Residential Street Address<br><b>14 Highland Ave</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br><b>New London</b>                                                                                                                   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06320</b>         |
| Principal Occupation<br><b>Program Manager</b>                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                | Name of Employer<br><b>Dexian Technology</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>05/26/2026</b> | Aggregate Contributions<br><b>\$104.48</b> | <b>\$104.48</b>                  |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Teskey</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Henry</b>                                                                                                                       |                                    | MI                                         | Contribution ID #<br><b>1775</b> |
| Residential Street Address<br><b>29 Indian Dr</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | City<br><b>Clinton</b>                                                                                                                      |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06413</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>05/26/2026</b> | Aggregate Contributions<br><b>\$250.00</b> | <b>\$250.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Turner</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Sarah</b>                                                                                                                       |                                    | MI                                        | Contribution ID #<br><b>1776</b> |
| Residential Street Address<br><b>115 Riverview Ave</b>                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | City<br><b>New London</b>                                                                                                                   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06320</b>         |
| Principal Occupation<br><b>Realtor</b>                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | Name of Employer<br><b>Berkshire Hathaway</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>05/26/2026</b> | Aggregate Contributions<br><b>\$26.35</b> | <b>\$26.35</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Haley</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>Shawn</b>                                                                                                                       |                                    | MI                                         | Contribution ID #<br><b>1777</b> |
| Residential Street Address<br><b>25 Odell Ave</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | City<br><b>Milford</b>                                                                                                                      |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06469</b>         |
| Principal Occupation<br><b>Programmer</b>                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | Name of Employer<br><b>JayStar group</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>05/26/2026</b> | Aggregate Contributions<br><b>\$200.00</b> | <b>\$100.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Bergin</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Karen</b>                                                                                                                       |                                    | MI<br><b>L</b>                             | Contribution ID #<br><b>1778</b> |
| Residential Street Address<br><b>81 Stuart Ave</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | City<br><b>New London</b>                                                                                                                   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06320</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>05262026D</b>                                                                                                                                | 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>05/26/2026</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            |
|-------------------------------------------------------------------------|---------------------------|
| Bysiewicz for CT                                                        | July 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| Last Name<br><b>Nossek</b>                                                                                                                                                                                                                                                                                           | First<br><b>Isabel</b>                                                                                                                                                                         | MI<br><b>A</b>                                                                                                                              | Contribution ID #<br><b>1779</b>          |
| Residential Street Address<br><b>900 Ocean Ave</b>                                                                                                                                                                                                                                                                   | City<br><b>New London</b>                                                                                                                                                                      | State<br><b>CT</b>                                                                                                                          | Zip Code<br><b>06320</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 |                                           |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>05262026D</b>                                                                                                                                | 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>05/26/2026</b>                                                                                                          | Aggregate Contributions<br><b>\$50.00</b> |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Amount of Contribution<br><b>\$50.00</b>                                                                                                    |                                           |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| Last Name<br><b>Welles</b>                                                                                                                                                                                                                                                                                           | First<br><b>Gary</b>                                                                                                                                                                           | MI<br><b>R</b>                                                                                                                              | Contribution ID #<br><b>1780</b>           |
| Residential Street Address<br><b>5 Route 27P O Box 1</b>                                                                                                                                                                                                                                                             | City<br><b>Old Mystic</b>                                                                                                                                                                      | State<br><b>CT</b>                                                                                                                          | Zip Code<br><b>06372</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 |                                            |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>05262026D</b>                                                                                                                                | 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>05/26/2026</b>                                                                                                          | Aggregate Contributions<br><b>\$100.00</b> |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Amount of Contribution<br><b>\$100.00</b>                                                                                                   |                                            |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| Last Name<br><b>Braxton</b>                                                                                                                                                                                                                                                                                          | First<br><b>Lonnie</b>                                                                                                                                                                         | MI<br><b></b>                                                                                                                               | Contribution ID #<br><b>1781</b>           |
| Residential Street Address<br><b>45 Pacific St</b>                                                                                                                                                                                                                                                                   | City<br><b>New London</b>                                                                                                                                                                      | State<br><b>CT</b>                                                                                                                          | Zip Code<br><b>06320</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 |                                            |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>05262026D</b>                                                                                                                                | 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>05/26/2026</b>                                                                                                          | Aggregate Contributions<br><b>\$300.00</b> |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Amount of Contribution<br><b>\$300.00</b>                                                                                                   |                                            |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| Last Name<br><b>Connolly</b>                                                                                                                                                                                                                                                                                         | First<br><b>Sean</b>                                                                                                                                                                           | MI<br><b>M</b>                                                                                                                              | Contribution ID #<br><b>1782</b>           |
| Residential Street Address<br><b>15 Wildflower Dr</b>                                                                                                                                                                                                                                                                | City<br><b>Hebron</b>                                                                                                                                                                          | State<br><b>CT</b>                                                                                                                          | Zip Code<br><b>06248</b>                   |
| Principal Occupation<br><b>Attorney</b>                                                                                                                                                                                                                                                                              | Name of Employer<br><b>Department of the Navy</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 |                                            |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>05262026D</b>                                                                                                                                | 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>05/26/2026</b>                                                                                                          | Aggregate Contributions<br><b>\$100.00</b> |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Amount of Contribution<br><b>\$100.00</b>                                                                                                   |                                            |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Giesing</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>William</b>                                                                                                                     |                                    | MI<br><b>F</b>                            | Contribution ID #<br><b>1783</b> |
| Residential Street Address<br><b>798 Ocean Ave</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | City<br><b>New London</b>                                                                                                                   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06320</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>05262026D</b>                                                                                                                                | 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>05/26/2026</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Kanfer</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Andrea</b>                                                                                                                      |                                    | MI<br><b>F</b>                             | Contribution ID #<br><b>1784</b> |
| Residential Street Address<br><b>16 Baldwin Dr</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | City<br><b>Waterford</b>                                                                                                                    |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06385</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>05262026D</b>                                                                                                                                | 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>05/26/2026</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Macdonald</b>                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | First<br><b>Alexander</b>                                                                                                                   |                                    | MI<br><b></b>                             | Contribution ID #<br><b>1785</b> |
| Residential Street Address<br><b>2 E Neck Rd</b>                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | City<br><b>Waterford</b>                                                                                                                    |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06385</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>05262026D</b>                                                                                                                                | 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>05/26/2026</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>McGowan</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Lisa</b>                                                                                                                        |                                    | MI<br><b>A</b>                             | Contribution ID #<br><b>1786</b> |
| Residential Street Address<br><b>33 Spinnaker Dr</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br><b>Niantic</b>                                                                                                                      |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06357</b>         |
| Principal Occupation<br><b>Physical Therapist</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | Name of Employer<br><b>Utopia Homecare New London</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>05262026D</b>                                                                                                                                | 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>05/26/2026</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            |
|-------------------------------------------------------------------------|---------------------------|
| Bysiewicz for CT                                                        | July 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>O'Neill</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Barbara</b>                                                                                                                     |                                    | MI                                         | Contribution ID #<br><b>1787</b> |
| Residential Street Address<br><b>39 Bellevue Pl</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>New London</b>                                                                                                                   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06320</b>         |
| Principal Occupation<br><b>Education Consultant</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | Name of Employer<br><b>UConn Health/CT AHEC</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>05262026D</b>                                                                                                                                | 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>05/26/2026</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Parker</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Juliette</b>                                                                                                                    |                                    | MI<br><b>M</b>                             | Contribution ID #<br><b>1788</b> |
| Residential Street Address<br><b>520F Shennecosett Rd</b>                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | City<br><b>Groton</b>                                                                                                                       |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06340</b>         |
| Principal Occupation<br><b>Exec. Assistant</b>                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                | Name of Employer<br><b>City of Groton Police Department</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>05262026D</b>                                                                                                                                | 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>05/26/2026</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Sarantopoulos</b>                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | First<br><b>John</b>                                                                                                                        |                                    | MI<br><b>G</b>                             | Contribution ID #<br><b>1789</b> |
| Residential Street Address<br><b>37 Yunk City Rd</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br><b>Danielson</b>                                                                                                                    |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06239</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>05/26/2026</b> | Aggregate Contributions<br><b>\$150.00</b> | <b>\$150.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Satti</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>John</b>                                                                                                                        |                                    | MI<br><b>D</b>                             | Contribution ID #<br><b>1790</b> |
| Residential Street Address<br><b>27 Woodlawn Rd</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>New London</b>                                                                                                                   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06320</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>05262026D</b>                                                                                                                                | 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>05/26/2026</b> | Aggregate Contributions<br><b>\$250.00</b> | <b>\$250.00</b>                  |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                    |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>West                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | First<br>Valerie                                                                                                                            |                             | MI<br>J                            | Contribution ID #<br>1791 |
| Residential Street Address<br>50 Cove View Rd                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | City<br>New London                                                                                                                          |                             | State<br>CT                        | Zip Code<br>06320         |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>05262026D</u>                                                                                                                                | 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>05/26/2026 | Aggregate Contributions<br>\$50.00 | \$50.00                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Connolly                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | First<br>Brian                                                                                                                              |                             | MI                                  | Contribution ID #<br>1792 |
| Residential Street Address<br>43 Gail Rd                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | City<br>Farmington                                                                                                                          |                             | State<br>CT                         | Zip Code<br>06032         |
| Principal Occupation<br>Marketing                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | Name of Employer<br>LiveWell                                                                                                                |                             |                                     |                           |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>05272026E</u>                                                                                                                                | 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>05/27/2026 | Aggregate Contributions<br>\$260.73 | \$260.73                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                    |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>Connolly                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | First<br>Denise                                                                                                                             |                             | MI                                 | Contribution ID #<br>1793 |
| Residential Street Address<br>43 Gail Rd                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | City<br>Farmington                                                                                                                          |                             | State<br>CT                        | Zip Code<br>06032         |
| Principal Occupation<br>Sales Associate                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | Name of Employer<br>J.Crew                                                                                                                  |                             |                                    |                           |
| 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>05/27/2026 | Aggregate Contributions<br>\$10.73 | \$10.73                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Brzezicki                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | First<br>Peter                                                                                                                              |                             | MI                                  | Contribution ID #<br>1794 |
| Residential Street Address<br>239 Griswold Rd                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | City<br>Wethersfield                                                                                                                        |                             | State<br>CT                         | Zip Code<br>06109         |
| Principal Occupation<br>Accountant                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | Name of Employer<br>Brzezicki Accounting & Tax Services, LLC                                                                                |                             |                                     |                           |
| 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>05/27/2026 | Aggregate Contributions<br>\$500.00 | \$500.00                  |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Ceriello</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | First<br><b>Elizabeth</b>                                                                                                                   |                                    | MI                                         | Contribution ID #<br><b>1795</b> |
| Residential Street Address<br><b>20 Westfield Rd</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br><b>West Hartford</b>                                                                                                                |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06119</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>\$781.88</b> | <b>\$260.73</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Clonan</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Geena</b>                                                                                                                       |                                    | MI                                         | Contribution ID #<br><b>1796</b> |
| Residential Street Address<br><b>2605 Redding Rd</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br><b>Fairfield</b>                                                                                                                    |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06824</b>         |
| Principal Occupation<br><b>Non-Profit Consultant</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | Name of Employer<br><b>Las Lomas, Inc.</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>\$250.00</b> | <b>\$250.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Vigue</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>James</b>                                                                                                                       |                                    | MI                                         | Contribution ID #<br><b>1797</b> |
| Residential Street Address<br><b>490 Burlington Ave</b>                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | City<br><b>Bristol</b>                                                                                                                      |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06010</b>         |
| Principal Occupation<br><b>Lobbyist</b>                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | Name of Employer<br><b>AFT Connecticut</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 checked="" type="checkbox"/> Yes <input 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>\$104.48</b> | <b>\$104.48</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Stamos</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Gregory</b>                                                                                                                     |                                    | MI                                         | Contribution ID #<br><b>1798</b> |
| Residential Street Address<br><b>1108 Racebrook Rd Ste 1</b>                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | City<br><b>Woodbridge</b>                                                                                                                   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06525</b>         |
| Principal Occupation<br><b>Attorney</b>                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | Name of Employer<br><b>Law Office of Gregory J. Stamos</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>\$350.00</b> | <b>\$100.00</b>                  |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>O'Brien                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | First<br>Marie                                                                                                                              |                             | MI                                  | Contribution ID #<br>1799 |
| Residential Street Address<br>272 Center St                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | City<br>Bristol                                                                                                                             |                             | State<br>CT                         | Zip Code<br>06010         |
| 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>05/27/2026 | Aggregate Contributions<br>\$156.56 | \$156.56                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Curtin                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | First<br>Kim                                                                                                                                |                             | MI                                  | Contribution ID #<br>1800 |
| Residential Street Address<br>33 Shore Rd                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | City<br>Waterford                                                                                                                           |                             | State<br>CT                         | Zip Code<br>06385         |
| Principal Occupation<br>Business owner                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | Name of Employer<br>Curtin livery                                                                                                           |                             |                                     |                           |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>05262026D</u>                                                                                                                                | 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>05/27/2026 | Aggregate Contributions<br>\$260.73 | \$260.73                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Barakos                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | First<br>Eve                                                                                                                                |                             | MI                                  | Contribution ID #<br>1801 |
| Residential Street Address<br>534 N Society Rd                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                | City<br>Canterbury                                                                                                                          |                             | State<br>CT                         | Zip Code                  |
| 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>05/27/2026 | Aggregate Contributions<br>\$781.88 | \$260.73                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Buzzel                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | First<br>Gary                                                                                                                               |                             | MI<br>T                             | Contribution ID #<br>1802 |
| Residential Street Address<br>19 Apple Tree Ln                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                | City<br>Windsor                                                                                                                             |                             | State<br>CT                         | Zip Code<br>06095         |
| Principal Occupation<br>Fire Lieutenant                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | Name of Employer<br>City of Bristol Fire Department                                                                                         |                             |                                     |                           |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>05272026E</u>                                                                                                                                | 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>05/27/2026 | 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            |
|-------------------------------------------------------------------------|---------------------------|
| Bysiewicz for CT                                                        | July 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Spiros</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Jason</b>                                                                                                                       |                                    | MI<br><b>G</b>                             | Contribution ID #<br><b>1803</b> |
| Residential Street Address<br><b>4545 Connecticut Ave NW # 724</b>                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | City<br><b>Washington</b>                                                                                                                   |                                    | State<br><b>DC</b>                         | Zip Code<br><b>20008</b>         |
| Principal Occupation<br><b>Professor</b>                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | Name of Employer<br><b>University of the District of Colombia</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>05272026E</b>                                                                                                                                | 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>05/27/2026</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>McKearney</b>                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | First<br><b>Scott</b>                                                                                                                       |                                    | MI<br><b></b>                             | Contribution ID #<br><b>1804</b> |
| Residential Street Address<br><b>326 Cedar Mountain Rd</b>                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | City<br><b>Thomaston</b>                                                                                                                    |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06787</b>         |
| Principal Occupation<br><b>Firefighter</b>                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | Name of Employer<br><b>City of Bristol</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>05272026E</b>                                                                                                                                | 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>05/27/2026</b> | Aggregate Contributions<br><b>\$40.00</b> | <b>\$40.00</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Boilard</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Susan</b>                                                                                                                       |                                    | MI<br><b>G</b>                             | Contribution ID #<br><b>1805</b> |
| Residential Street Address<br><b>23 High St</b>                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | City<br><b>Terryville</b>                                                                                                                   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06786</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>05272026E</b>                                                                                                                                | 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>05/27/2026</b> | Aggregate Contributions<br><b>\$250.00</b> | <b>\$250.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Colburn</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Laurie</b>                                                                                                                      |                                    | MI<br><b>A</b>                             | Contribution ID #<br><b>1806</b> |
| Residential Street Address<br><b>109 Marlene St</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>Bristol</b>                                                                                                                      |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06010</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>05272026E</b>                                                                                                                                | 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>05/27/2026</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            |
|-------------------------------------------------------------------------|---------------------------|
| Bysiewicz for CT                                                        | July 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Demicco                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | First<br>Michael                                                                                                                            |                             | MI<br>V                             | Contribution ID #<br>1807 |
| Residential Street Address<br>6 Deborah Ln                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | City<br>Farmington                                                                                                                          |                             | State<br>CT                         | Zip Code                  |
| Principal Occupation<br>Legislator                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | Name of Employer<br>Connecticut General Assembly                                                                                            |                             |                                     |                           |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>05272026E</u>                                                                                                                                | 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>05/27/2026 | Aggregate Contributions<br>\$102.40 | \$50.00                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Florek                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | First<br>John                                                                                                                               |                             | MI<br>A                             | Contribution ID #<br>1808 |
| Residential Street Address<br>264 Victoria Lawn                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | City<br>Stratford                                                                                                                           |                             | State<br>CT                         | Zip Code<br>06615         |
| Principal Occupation<br>Attorney                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | Name of Employer<br>Florek + O'Neill LLC                                                                                                    |                             |                                     |                           |
| 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>05/27/2026 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Fortier                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | First<br>Mary                                                                                                                               |                             | MI<br>B                             | Contribution ID #<br>1809 |
| Residential Street Address<br>163 Goodwin St                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | City<br>Bristol                                                                                                                             |                             | State<br>CT                         | Zip Code<br>06010         |
| Principal Occupation<br>State Representative                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | Name of Employer<br>State of Connecticut                                                                                                    |                             |                                     |                           |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>05272026E</u>                                                                                                                                | 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>05/27/2026 | Aggregate Contributions<br>\$500.00 | \$250.00                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Giannaros                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | First<br>Elizabeth                                                                                                                          |                             | MI                                  | Contribution ID #<br>1810 |
| Residential Street Address<br>56 Basswood Rd                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | City<br>Farmington                                                                                                                          |                             | State<br>CT                         | Zip Code<br>06032         |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>05272026E</u>                                                                                                                                | 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>05/27/2026 | 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            |
|-------------------------------------------------------------------------|---------------------------|
| Bysiewicz for CT                                                        | July 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Kelley</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Peter</b>                                                                                                                       |                                    | MI<br><b>B</b>                             | Contribution ID #<br><b>1811</b> |
| Residential Street Address<br><b>44 S Down Dr</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | City<br><b>Bristol</b>                                                                                                                      |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06010</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>05272026E</b>                                                                                                                                | 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>05/27/2026</b> | Aggregate Contributions<br><b>\$250.00</b> | <b>\$250.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Krell</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>Paul</b>                                                                                                                        |                                    | MI<br><b></b>                              | Contribution ID #<br><b>1812</b> |
| Residential Street Address<br><b>86 Vine Rd</b>                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | City<br><b>Bristol</b>                                                                                                                      |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06010</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>05272026E</b>                                                                                                                                | 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>05/27/2026</b> | Aggregate Contributions<br><b>\$200.00</b> | <b>\$100.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Lodovico</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | First<br><b>John</b>                                                                                                                        |                                    | MI<br><b>A</b>                             | Contribution ID #<br><b>1813</b> |
| Residential Street Address<br><b>47 Taillon St</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | City<br><b>Bristol</b>                                                                                                                      |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06010</b>         |
| Principal Occupation<br><b>Project Magt. Eng.</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | Name of Employer<br><b>Tunxis C.C.</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>05272026E</b>                                                                                                                                | 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>05/27/2026</b> | Aggregate Contributions<br><b>\$250.00</b> | <b>\$250.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Matthews</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | First<br><b>Katherine</b>                                                                                                                   |                                    | MI<br><b>L</b>                             | Contribution ID #<br><b>1814</b> |
| Residential Street Address<br><b>47 Prospect Pl</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>Bristol</b>                                                                                                                      |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06010</b>         |
| Principal Occupation<br><b>Attorney</b>                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | Name of Employer<br><b>Hiscox US</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>05272026E</b>                                                                                                                                | 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>05/27/2026</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            |
|-------------------------------------------------------------------------|---------------------------|
| Bysiewicz for CT                                                        | July 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>McCarthy</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | First<br><b>John</b>                                                                                                                        |                                    | MI<br><b>C</b>                             | Contribution ID #<br><b>1815</b> |
| Residential Street Address<br><b>40 Maple Ave</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | City<br><b>Wolcott</b>                                                                                                                      |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06716</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>05272026E</b>                                                                                                                                | 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>05/27/2026</b> | Aggregate Contributions<br><b>\$250.00</b> | <b>\$250.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Patton</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Morris</b>                                                                                                                      |                                    | MI<br><b>F</b>                            | Contribution ID #<br><b>1816</b> |
| Residential Street Address<br><b>49 Field St</b>                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | City<br><b>Bristol</b>                                                                                                                      |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06010</b>         |
| Principal Occupation<br><b>Organizer</b>                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | Name of Employer<br><b>Lamont for Gov</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>05272026E</b>                                                                                                                                | 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>05/27/2026</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Petosa</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Michael</b>                                                                                                                     |                                    | MI<br><b>L</b>                             | Contribution ID #<br><b>1817</b> |
| Residential Street Address<br><b>30 Walnut St</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | City<br><b>Bristol</b>                                                                                                                      |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06010</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>05272026E</b>                                                                                                                                | 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>05/27/2026</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Ragaini</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Thomas</b>                                                                                                                      |                                    | MI<br><b>J</b>                             | Contribution ID #<br><b>1818</b> |
| Residential Street Address<br><b>651 Lake View Ave Unit 38</b>                                                                                                                                                                                                                                                       |                                                                                                                                                                                                | City<br><b>Bristol</b>                                                                                                                      |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06010</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>05272026E</b>                                                                                                                                | 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>05/27/2026</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            |
|-------------------------------------------------------------------------|---------------------------|
| Bysiewicz for CT                                                        | July 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Passero</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Michael</b>                                                                                                                     |                                    | MI                                         | Contribution ID #<br><b>1819</b> |
| Residential Street Address<br><b>46 Admiral Dr</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | City<br><b>New London</b>                                                                                                                   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06320</b>         |
| Principal Occupation<br><b>mayor</b>                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | Name of Employer<br><b>city of New London</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>05262026D</b>                                                                                                                                | 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>\$250.00</b> | <b>\$250.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Krumeich</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | First<br><b>Elizabeth</b>                                                                                                                   |                                    | MI                                        | Contribution ID #<br><b>1820</b> |
| Residential Street Address<br><b>16 Perryridge Rd</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>05/28/2026</b> | Aggregate Contributions<br><b>\$26.35</b> | <b>\$26.35</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Jacobs</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Allison</b>                                                                                                                     |                                    | MI                                         | Contribution ID #<br><b>1821</b> |
| Residential Street Address<br><b>19 Cleveland Rd</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br><b>New Haven</b>                                                                                                                    |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06515</b>         |
| Principal Occupation<br><b>Attorney</b>                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | Name of Employer<br><b>City of New Haven</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>\$521.15</b> | <b>\$521.15</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Bielinski</b>                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | First<br><b>Suzanne</b>                                                                                                                     |                                    | MI                                         | Contribution ID #<br><b>1822</b> |
| Residential Street Address<br><b>544 Corbin Ave</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>New Britain</b>                                                                                                                  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06052</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>05/28/2026</b> | Aggregate Contributions<br><b>\$104.48</b> | <b>\$104.48</b>                  |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Dickau</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Mark</b>                                                                                                                        |                                    | MI                                         | Contribution ID #<br><b>1823</b> |
| Residential Street Address<br><b>205 Village St</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>Bristol</b>                                                                                                                      |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06010</b>         |
| Principal Occupation<br><b>Health Information Specialist</b>                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | Name of Employer<br><b>Provider Resources</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>05272026E</b>                                                                                                                                | 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>\$100.00</b> | <b>\$100.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Summers</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Stephanie</b>                                                                                                                   |                                    | MI                                         | Contribution ID #<br><b>1824</b> |
| Residential Street Address<br><b>4 Y Rd</b>                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | City<br><b>Wilmington</b>                                                                                                                   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06279</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>05/28/2026</b> | Aggregate Contributions<br><b>\$260.73</b> | <b>\$260.73</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Packer</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Warren</b>                                                                                                                      |                                    | MI                                        | Contribution ID #<br><b>1825</b> |
| Residential Street Address<br><b>374 Lydall St</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | City<br><b>Manchester</b>                                                                                                                   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06042</b>         |
| Principal Occupation<br><b>Constable</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>05/28/2026</b> | Aggregate Contributions<br><b>\$78.75</b> | <b>\$26.35</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Russo</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>Gisele</b>                                                                                                                      |                                    | MI                                        | Contribution ID #<br><b>1826</b> |
| Residential Street Address<br><b>2 Bogg Ln</b>                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                | City<br><b>Lebanon</b>                                                                                                                      |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06249</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>05/28/2026</b> | Aggregate Contributions<br><b>\$26.35</b> | <b>\$26.35</b>                   |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Falzarano</b>                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | First<br><b>Anthony</b>                                                                                                                     |                                    | MI                                         | Contribution ID #<br><b>1827</b> |
| Residential Street Address<br><b>75 Latic St</b>                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | City<br><b>Putnam</b>                                                                                                                       |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06260</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>05/28/2026</b> | Aggregate Contributions<br><b>\$150.00</b> | <b>\$150.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Rasmussen-Tuller</b>                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | First<br><b>Ken</b>                                                                                                                         |                                    | MI                                         | Contribution ID #<br><b>1828</b> |
| Residential Street Address<br><b>7 Douglas Cir</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | City<br><b>West Hartford</b>                                                                                                                |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06110</b>         |
| Principal Occupation<br><b>Administrative Director Procurement &amp; Supply Chain</b>                                                                                                                                                                                                                                |                                                                                                                                                                                                | Name of Employer<br><b>UConn Health Waterbury Hospital</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>\$250.00</b> | <b>\$250.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Landa</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>Keith</b>                                                                                                                       |                                    | MI                                        | Contribution ID #<br><b>1829</b> |
| Residential Street Address<br><b>46 Rocky Hill Rd</b>                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | City<br><b>New Fairfield</b>                                                                                                                |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06812</b>         |
| Principal Occupation<br><b>College Administrator</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | Name of Employer<br><b>State University of New York</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>\$52.40</b> | <b>\$52.40</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Kavros DeGraw</b>                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | First<br><b>Eleni</b>                                                                                                                       |                                    | MI                                         | Contribution ID #<br><b>1830</b> |
| Residential Street Address<br><b>112 Westland Rd</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br><b>Avon</b>                                                                                                                         |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06001</b>         |
| Principal Occupation<br><b>State Representative</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | Name of Employer<br><b>State of CT</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>\$510.73</b> | <b>\$250.00</b>                  |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Davis                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | First<br>Shellye                                                                                                                            |                             | MI                                  | Contribution ID #<br>1831 |
| Residential Street Address<br>155 Windbrook Dr                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                | City<br>Windsor                                                                                                                             |                             | State<br>CT                         | Zip Code<br>06095         |
| Principal Occupation<br>S/T                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | Name of Employer<br>AFL-CIO                                                                                                                 |                             |                                     |                           |
| 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 checked="" type="checkbox"/> Yes <input 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>\$100.00 | \$100.00                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Williams                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | First<br>Anthony                                                                                                                            |                             | MI                                  | Contribution ID #<br>1832 |
| Residential Street Address<br>96 Canterbury St                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                | City<br>Hartford                                                                                                                            |                             | State<br>CT                         | Zip Code<br>06112         |
| Principal Occupation<br>S/T                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | Name of Employer<br>ST OF CT                                                                                                                |                             |                                     |                           |
| 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>\$100.00 | \$100.00                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                    |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>Droesch                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | First<br>Gretchen                                                                                                                           |                             | MI                                 | Contribution ID #<br>1833 |
| Residential Street Address<br>111 Cemetery Rd                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | City<br>Canterbury                                                                                                                          |                             | State<br>CT                        | Zip Code<br>06331         |
| 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>05/29/2026 | Aggregate Contributions<br>\$10.73 | \$10.73                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Duric                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | First<br>Nermin Miki                                                                                                                        |                             | MI                                  | Contribution ID #<br>1834 |
| Residential Street Address<br>133 Straddle HI                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | City<br>Wethersfield                                                                                                                        |                             | State<br>CT                         | Zip Code<br>06109         |
| Principal Occupation<br>Real Estate Broker                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | Name of Employer<br>Miki Realty LLC                                                                                                         |                             |                                     |                           |
| 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            |
|-------------------------------------------------------------------------|---------------------------|
| Bysiewicz for CT                                                        | July 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                              |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------|----------------------------------|
| Last Name<br><b>Sachs</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>Sheryl</b>                                                                                                                      |                                    | MI                                           | Contribution ID #<br><b>1835</b> |
| Residential Street Address<br><b>34 Simmons Ln</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | City<br><b>Greenwich</b>                                                                                                                    |                                    | State<br><b>CT</b>                           | Zip Code<br><b>06830</b>         |
| Principal Occupation<br><b>Manager</b>                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | Name of Employer<br><b>Eddowes development group</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>\$2,000.00</b> | <b>\$2,000.00</b>                |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Aillon Pomo</b>                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | First<br><b>Catherine V</b>                                                                                                                 |                                    | MI                                        | Contribution ID #<br><b>1836</b> |
| Residential Street Address<br><b>148 Mullen Hill Rd</b>                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | City<br><b>Windham</b>                                                                                                                      |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06280</b>         |
| Principal Occupation<br><b>Teacher</b>                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | Name of Employer<br><b>Willington 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>05/29/2026</b> | Aggregate Contributions<br><b>\$25.00</b> | <b>\$25.00</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>STERN</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>STEPHEN</b>                                                                                                                     |                                    | MI                                         | Contribution ID #<br><b>1837</b> |
| Residential Street Address<br><b>20 Church St # B10</b>                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | City<br><b>Greenwich</b>                                                                                                                    |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06830</b>         |
| Principal Occupation<br><b>MD</b>                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | Name of Employer<br><b>STEPHEN L STERN MD</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>\$114.90</b> | <b>\$114.90</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Obrey</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>Lian</b>                                                                                                                        |                                    | MI                                         | Contribution ID #<br><b>1838</b> |
| Residential Street Address<br><b>Vista Point Rd</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>Groton</b>                                                                                                                       |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06340</b>         |
| Principal Occupation<br><b>Indepentant Real Estate Broker</b>                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | Name of Employer<br><b>Indepentant agent</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>05262026D</b>                                                                                                                                | 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>\$104.48</b> | <b>\$104.48</b>                  |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Rivera Abrams                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br>Lydia                                                                                                                              |                             | MI<br>T                             | Contribution ID #<br>1839 |
| Residential Street Address<br>45 Mason Hill Rd                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                | City<br>Dayville                                                                                                                            |                             | State<br>CT                         | Zip Code<br>06241         |
| Principal Occupation<br>Legal Interpreter                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | 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>05/29/2026 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Cole-Chu                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | First<br>Leeland                                                                                                                            |                             | MI                                  | Contribution ID #<br>1840 |
| Residential Street Address<br>300 Hartford Rd                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | City<br>Salem                                                                                                                               |                             | State<br>CT                         | Zip Code                  |
| Principal Occupation<br>Attorney Mediator Writer                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | Name of Employer<br>Leeland Cole-Chu                                                                                                        |                             |                                     |                           |
| 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>05/30/2026 | Aggregate Contributions<br>\$208.96 | \$104.48                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                    |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>Sewall                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | First<br>Murphy                                                                                                                             |                             | MI                                 | Contribution ID #<br>1841 |
| Residential Street Address<br>66 Back Rd PO Box 370                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br>Windham                                                                                                                             |                             | State<br>CT                        | Zip Code                  |
| 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>05/30/2026 | Aggregate Contributions<br>\$50.00 | \$50.00                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Dufresne                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | First<br>Sarah                                                                                                                              |                             | MI                                  | Contribution ID #<br>1842 |
| Residential Street Address<br>77 Woods Rd                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | City<br>Mansfield Center                                                                                                                    |                             | State<br>CT                         | Zip Code<br>06250         |
| Principal Occupation<br>Executive Director                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | Name of Employer<br>Holy Family Home and Shelter                                                                                            |                             |                                     |                           |
| 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>05/30/2026 | 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            |
|-------------------------------------------------------------------------|---------------------------|
| Bysiewicz for CT                                                        | July 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                              |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------|----------------------------------|
| Last Name<br><b>Lenkowsky</b>                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | First<br><b>Steven</b>                                                                                                                      |                                    | MI                                           | Contribution ID #<br><b>1843</b> |
| Residential Street Address<br><b>31 Cannon St</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | City<br><b>Norwalk</b>                                                                                                                      |                                    | State<br><b>CT</b>                           | Zip Code<br><b>06851</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>05/30/2026</b> | Aggregate Contributions<br><b>\$1,041.98</b> | <b>\$1,041.98</b>                |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Barton</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Teresa</b>                                                                                                                      |                                    | MI                                         | Contribution ID #<br><b>1844</b> |
| Residential Street Address<br><b>655 Chestnut Hill Rd</b>                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | City<br><b>Dayville</b>                                                                                                                     |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06241</b>         |
| Principal Occupation<br><b>Owner</b>                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | Name of Employer<br><b>TMBarton Bookkeeping, 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>05/30/2026</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>tiniakos</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | First<br><b>avgoustis</b>                                                                                                                   |                                    | MI                                         | Contribution ID #<br><b>1845</b> |
| Residential Street Address<br><b>129 Roseleah Ave</b>                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | City<br><b>Newington</b>                                                                                                                    |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06111</b>         |
| Principal Occupation<br><b>supervisor</b>                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | Name of Employer<br><b>progressive insurance</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>\$260.73</b> | <b>\$260.73</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Hollis</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Mark</b>                                                                                                                        |                                    | MI                                         | Contribution ID #<br><b>1846</b> |
| Residential Street Address<br><b>21 Golf St</b>                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | City<br><b>Newington</b>                                                                                                                    |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06111</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>05/30/2026</b> | Aggregate Contributions<br><b>\$250.00</b> | <b>\$250.00</b>                  |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Hart</b>                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | First<br><b>Jefferey</b>                                                                                                                    |                                    | MI<br><b>P</b>                             | Contribution ID #<br><b>1847</b> |
| Residential Street Address<br><b>39 Georgiana St</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br><b>New London</b>                                                                                                                   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06320</b>         |
| Principal Occupation<br><b>Estimator</b>                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | Name of Employer<br><b>Jaypro Sports</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>05262026D</b>                                                                                                                                | 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>\$100.00</b> | <b>\$100.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Moran</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>Antonia</b>                                                                                                                     |                                    | MI<br><b>CT</b>                            | Contribution ID #<br><b>1848</b> |
| Residential Street Address<br><b>778 Mansfield City Rd</b>                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | City<br><b>Mansfield</b>                                                                                                                    |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06268</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>05/30/2026</b> | Aggregate Contributions<br><b>\$104.48</b> | <b>\$104.48</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Heavner</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Lisa</b>                                                                                                                        |                                    | MI<br><b>CT</b>                            | Contribution ID #<br><b>1849</b> |
| Residential Street Address<br><b>21 Aspenwood Dr</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br><b>Weatogue</b>                                                                                                                     |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06089</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>06012026G</b>                                                                                                                                | 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>\$156.56</b> | <b>\$156.56</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Makarewicz</b>                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                | First<br><b>David</b>                                                                                                                       |                                    | MI<br><b>CT</b>                            | Contribution ID #<br><b>1850</b> |
| Residential Street Address<br><b>190 Brewster Rd</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br><b>West Hartford</b>                                                                                                                |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06117</b>         |
| Principal Occupation<br><b>Attorney</b>                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | Name of Employer<br><b>Travelers</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>\$500.00</b> | <b>\$500.00</b>                  |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Thomas-Farquharson</b>                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | First<br><b>Lorna</b>                                                                                                                       |                                    | MI                                         | Contribution ID #<br><b>1851</b> |
| Residential Street Address<br><b>181 Edgemont Ave</b>                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | City<br><b>West Hartford</b>                                                                                                                |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06110</b>         |
| Principal Occupation<br><b>Program Manager</b>                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                | Name of Employer<br><b>State of Connecticut Office of Early Childhood</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>06012026G</b>                                                                                                                                | 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>\$104.48</b> | <b>\$104.48</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Alexander</b>                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | First<br><b>Rodney</b>                                                                                                                      |                                    | MI<br><b>P</b>                             | Contribution ID #<br><b>1852</b> |
| Residential Street Address<br><b>196 Orchard Hill Ln</b>                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | City<br><b>Willimantic</b>                                                                                                                  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06226</b>         |
| Principal Occupation<br><b>Counselor</b>                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | Name of Employer<br><b>CHR</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>05302026F</b>                                                                                                                                | 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>05/30/2026</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Devivo</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>John</b>                                                                                                                        |                                    | MI                                        | Contribution ID #<br><b>1853</b> |
| Residential Street Address<br><b>93 Conantville Rd</b>                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | City<br><b>Mansfield</b>                                                                                                                    |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06250</b>         |
| Principal Occupation<br><b>HR</b>                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | Name of Employer<br><b>M&amp;M Transport 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>05302026F</b>                                                                                                                                | 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>05/30/2026</b> | Aggregate Contributions<br><b>\$20.00</b> | <b>\$20.00</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Halderman</b>                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | First<br><b>R</b>                                                                                                                           |                                    | MI                                        | Contribution ID #<br><b>1854</b> |
| Residential Street Address<br><b>21 Windham Ctr</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>Windham</b>                                                                                                                      |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06280</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>05302026F</b>                                                                                                                                | 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>05/30/2026</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            |
|-------------------------------------------------------------------------|---------------------------|
| Bysiewicz for CT                                                        | July 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Anderson</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | First<br><b>Brian</b>                                                                                                                       |                                    | MI<br><b>J</b>                            | Contribution ID #<br><b>1855</b> |
| Residential Street Address<br><b>23 Ridge Rd</b>                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | City<br><b>Storrs</b>                                                                                                                       |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06268</b>         |
| Principal Occupation<br><b>Lobbyist. Union Organizer</b>                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | Name of Employer<br><b>Brian Anderson</b>                                                                                                   |                                    |                                           |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>05302026F</b>                                                                                                                                | 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>05/30/2026</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Daly</b>                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | First<br><b>Mary Ann</b>                                                                                                                    |                                    | MI<br><b>CT</b>                           | Contribution ID #<br><b>1856</b> |
| Residential Street Address<br><b>243 Church St</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | City<br><b>Willimantic</b>                                                                                                                  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06226</b>         |
| Principal Occupation<br><b>Legislative Advisor</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | Name of Employer<br><b>State of CT CTDOT</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>05302026F</b>                                                                                                                                | 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>05/30/2026</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                              |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------|----------------------------------|
| Last Name<br><b>Devivo</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Pamela</b>                                                                                                                      |                                    | MI<br><b>J</b>                               | Contribution ID #<br><b>1857</b> |
| Residential Street Address<br><b>110 Bolivia St</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>Willimantic</b>                                                                                                                  |                                    | State<br><b>CT</b>                           | Zip Code<br><b>06226</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>05302026F</b>                                                                                                                                | 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>05/30/2026</b> | Aggregate Contributions<br><b>\$1,000.00</b> | <b>\$1,000.00</b>                |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Devivo</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Timothy</b>                                                                                                                     |                                    | MI<br><b>J</b>                             | Contribution ID #<br><b>1858</b> |
| Residential Street Address<br><b>42 Kayla Ln</b>                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | City<br><b>Mansfield Center</b>                                                                                                             |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06250</b>         |
| Principal Occupation<br><b>Owner</b>                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | Name of Employer<br><b>Windham Golf Course</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>05302026F</b>                                                                                                                                | 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>05/30/2026</b> | Aggregate Contributions<br><b>\$500.00</b> | <b>\$500.00</b>                  |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Dunne</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>Cynthia</b>                                                                                                                     |                                    | MI<br><b>J</b>                             | Contribution ID #<br><b>1859</b> |
| Residential Street Address<br><b>133 Bates Ave</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | City<br><b>Putnam</b>                                                                                                                       |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06260</b>         |
| Principal Occupation<br><b>Zeo</b>                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | Name of Employer<br><b>Town of Thompson</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>05302026F</b>                                                                                                                                | 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>05/30/2026</b> | Aggregate Contributions<br><b>\$150.00</b> | <b>\$50.00</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Gallucci</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | First<br><b>Mary</b>                                                                                                                        |                                    | MI<br><b>M</b>                            | Contribution ID #<br><b>1860</b> |
| Residential Street Address<br><b>242 North St</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | City<br><b>Willimantic</b>                                                                                                                  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06226</b>         |
| Principal Occupation<br><b>Adjunct Faculty</b>                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                | Name of Employer<br><b>University of Connecticut</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>05302026F</b>                                                                                                                                | 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>05/30/2026</b> | Aggregate Contributions<br><b>\$20.00</b> | <b>\$20.00</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Griffiths</b>                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | First<br><b>Susan</b>                                                                                                                       |                                    | MI<br><b>A</b>                             | Contribution ID #<br><b>1861</b> |
| Residential Street Address<br><b>70 Griffiths Rd</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br><b>Killingly</b>                                                                                                                    |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06239</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>05302026F</b>                                                                                                                                | 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>05/30/2026</b> | Aggregate Contributions<br><b>\$700.00</b> | <b>\$200.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Ide</b>                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | First<br><b>Lynne</b>                                                                                                                       |                                    | MI<br><b>C</b>                            | Contribution ID #<br><b>1862</b> |
| Residential Street Address<br><b>67 Francis St</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | City<br><b>Willimantic</b>                                                                                                                  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06226</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>05302026F</b>                                                                                                                                | 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>05/30/2026</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            |
|-------------------------------------------------------------------------|---------------------------|
| Bysiewicz for CT                                                        | July 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                    |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>O'Brien                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | First<br>Dennis                                                                                                                             |                             | MI<br>J                            | Contribution ID #<br>1863 |
| Residential Street Address<br>120 Bolivia St                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | City<br>Willimantic                                                                                                                         |                             | State<br>CT                        | Zip Code<br>06226         |
| Principal Occupation<br>Attorney                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | Name of Employer<br>Attorney's O'Brien & Johnson                                                                                            |                             |                                    |                           |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>05302026F</u>                                                                                                                                | 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>05/30/2026 | Aggregate Contributions<br>\$50.00 | \$50.00                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Pheanious                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | First<br>Patricia                                                                                                                           |                             | MI<br>W                             | Contribution ID #<br>1864 |
| Residential Street Address<br>63 Squaw Hollow Rd                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | City<br>Ashford                                                                                                                             |                             | State<br>CT                         | Zip Code<br>06278         |
| Principal Occupation<br>Program Director                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | Name of Employer<br>Historic New England                                                                                                    |                             |                                     |                           |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>05302026F</u>                                                                                                                                | 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>05/30/2026 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Sayers                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | First<br>William                                                                                                                            |                             | MI<br>J                             | Contribution ID #<br>1865 |
| Residential Street Address<br>20 Pleasant St                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | City<br>Willimantic                                                                                                                         |                             | State<br>CT                         | Zip Code<br>06226         |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>05302026F</u>                                                                                                                                | 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>05/30/2026 | Aggregate Contributions<br>\$125.00 | \$125.00                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Smith                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | First<br>David                                                                                                                              |                             | MI<br>A                             | Contribution ID #<br>1866 |
| Residential Street Address<br>104 Reynolds St                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | City<br>Danielson                                                                                                                           |                             | State<br>CT                         | Zip Code<br>06239         |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>05302026F</u>                                                                                                                                | 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>05/30/2026 | Aggregate Contributions<br>\$150.00 | \$150.00                  |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Smith</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>Sarah</b>                                                                                                                       |                                    | MI<br><b>C</b>                            | Contribution ID #<br><b>1867</b> |
| Residential Street Address<br><b>69 Eldredge Rd</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>Wilmington</b>                                                                                                                   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06279</b>         |
| Principal Occupation<br><b>Retired teacher</b>                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                | Name of Employer<br><b>Retired teacher</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>05302026F</b>                                                                                                                                | 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>05/30/2026</b> | Aggregate Contributions<br><b>\$25.00</b> | <b>\$25.00</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Vogt</b>                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | First<br><b>Sherri</b>                                                                                                                      |                                    | MI<br><b>L</b>                             | Contribution ID #<br><b>1868</b> |
| Residential Street Address<br><b>283 Barrett Hill Rd</b>                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | City<br><b>Brooklyn</b>                                                                                                                     |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06234</b>         |
| Principal Occupation<br><b>Veteran Liaison</b>                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                | Name of Employer<br><b>Hartford Healthcare</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>05/30/2026</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Walsh</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>Timothy</b>                                                                                                                     |                                    | MI<br><b>B</b>                             | Contribution ID #<br><b>1869</b> |
| Residential Street Address<br><b>1 Eastford Rd</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | City<br><b>Ashford</b>                                                                                                                      |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06278</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>05302026F</b>                                                                                                                                | 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>05/30/2026</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Woolf</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>Brian</b>                                                                                                                       |                                    | MI                                         | Contribution ID #<br><b>1870</b> |
| Residential Street Address<br><b>50 Founders Plz</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br><b>East Hartford</b>                                                                                                                |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06108</b>         |
| Principal Occupation<br><b>Attorney</b>                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | Name of Employer<br><b>Woolf &amp; Ross Law Firm 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>05/31/2026</b> | Aggregate Contributions<br><b>\$750.00</b> | <b>\$250.00</b>                  |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Tucker                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | First<br>John                                                                                                                               |                             | MI                                  | Contribution ID #<br>1871 |
| Residential Street Address<br>1 Holbrook Rd                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | City<br>West Hartford                                                                                                                       |                             | State<br>CT                         | Zip Code<br>06107         |
| Principal Occupation<br>Attorney                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | Name of Employer<br>State of Connecticut                                                                                                    |                             |                                     |                           |
| 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>05/31/2026 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Lawrence                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | First<br>John                                                                                                                               |                             | MI                                  | Contribution ID #<br>1872 |
| Residential Street Address<br>80 Fallview Dr                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | City<br>Glastonbury                                                                                                                         |                             | State<br>CT                         | Zip Code<br>06033         |
| Principal Occupation<br>Lawyer                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                | Name of Employer<br>Shipman & Goodwin LLP                                                                                                   |                             |                                     |                           |
| 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>05/31/2026 | Aggregate Contributions<br>\$364.90 | \$364.90                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                    |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>Stewart                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | First<br>Ann                                                                                                                                |                             | MI                                 | Contribution ID #<br>1873 |
| Residential Street Address<br>34 Alger Pl                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | City<br>New London                                                                                                                          |                             | State<br>CT                        | Zip Code<br>06339         |
| Principal Occupation<br>Real estate sales                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | Name of Employer<br>William                                                                                                                 |                             |                                    |                           |
| 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>05/31/2026 | Aggregate Contributions<br>\$26.35 | \$26.35                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Desjardins                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | First<br>Karla                                                                                                                              |                             | MI                                  | Contribution ID #<br>1874 |
| Residential Street Address<br>398 Plainfield Pike Rd                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br>Plainfield                                                                                                                          |                             | State<br>CT                         | Zip Code<br>06374         |
| Principal Occupation<br>HR Manager                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | Name of Employer<br>State of CT                                                                                                             |                             |                                     |                           |
| 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>05/31/2026 | Aggregate Contributions<br>\$208.96 | \$104.48                  |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                    |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>French                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | First<br>Martin                                                                                                                             |                             | MI                                 | Contribution ID #<br>1875 |
| Residential Street Address<br>277 Maiden Ln                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | City<br>Durham                                                                                                                              |                             | State<br>CT                        | Zip Code<br>06422         |
| Principal Occupation<br>Tax Collector                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | Name of Employer<br>Town of Durham                                                                                                          |                             |                                    |                           |
| 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>05/31/2026 | Aggregate Contributions<br>\$21.46 | \$10.73                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                    |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>Kenneson                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | First<br>Elizabeth                                                                                                                          |                             | MI                                 | Contribution ID #<br>1876 |
| Residential Street Address<br>71 Tobey Ave                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | City<br>Windsor                                                                                                                             |                             | State<br>CT                        | Zip Code<br>06095         |
| Principal Occupation<br>part time library clerk                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Name of Employer<br>Town of Windsor                                                                                                         |                             |                                    |                           |
| 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>06/01/2026 | Aggregate Contributions<br>\$26.35 | \$26.35                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                    |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>Wallett                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | First<br>Megan                                                                                                                              |                             | MI                                 | Contribution ID #<br>1877 |
| Residential Street Address<br>132 Elmfield St                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | City<br>West Hartford                                                                                                                       |                             | State<br>CT                        | Zip Code<br>06110         |
| Principal Occupation<br>Regional Political Organizer                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | Name of Employer<br>Ned for CT                                                                                                              |                             |                                    |                           |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>06012026G</u>                                                                                                                                | 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>06/01/2026 | Aggregate Contributions<br>\$50.00 | \$50.00                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Parkinson                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | First<br>Angie                                                                                                                              |                             | MI                                  | Contribution ID #<br>1878 |
| Residential Street Address<br>31 High St # 7308                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | City<br>East Hartford                                                                                                                       |                             | State<br>CT                         | Zip Code<br>06118         |
| Principal Occupation<br>Teacher                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Name of Employer<br>Colchester BoE                                                                                                          |                             |                                     |                           |
| 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>06/01/2026 | Aggregate Contributions<br>\$100.00 | \$50.00                   |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Keegan</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Stephanie</b>                                                                                                                   |                                    | MI                                        | Contribution ID #<br><b>1879</b> |
| Residential Street Address<br><b>65 Burnwood Dr</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>Bloomfield</b>                                                                                                                   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06002</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>06/01/2026</b> | Aggregate Contributions<br><b>\$52.40</b> | <b>\$52.40</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Nemetz</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Willa</b>                                                                                                                       |                                    | MI                                        | Contribution ID #<br><b>1880</b> |
| Residential Street Address<br><b>367 Park Ave</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | City<br><b>Windsor</b>                                                                                                                      |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06095</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>06/01/2026</b> | Aggregate Contributions<br><b>\$52.40</b> | <b>\$52.40</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Granfield-Horton</b>                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | First<br><b>Hannah</b>                                                                                                                      |                                    | MI                                        | Contribution ID #<br><b>1881</b> |
| Residential Street Address<br><b>97 Westerly Ter</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br><b>Hartford</b>                                                                                                                     |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06105</b>         |
| Principal Occupation<br><b>Vice Pres. Workforce Initiatives</b>                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Name of Employer<br><b>The Open Hearth</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>Casperson</b>                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | First<br><b>Judy</b>                                                                                                                        |                                    | MI                                         | Contribution ID #<br><b>1882</b> |
| Residential Street Address<br><b>380 Auburn Rd</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | City<br><b>West Hartford</b>                                                                                                                |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06119</b>         |
| Principal Occupation<br><b>Consultant</b>                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | Name of Employer<br><b>Casperson consulting 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>06012026G</b>                                                                                                                                | 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>\$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            |
|-------------------------------------------------------------------------|---------------------------|
| Bysiewicz for CT                                                        | July 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                    |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>Anderson Blanks                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | First<br>Carol                                                                                                                              |                             | MI                                 | Contribution ID #<br>1883 |
| Residential Street Address<br>112 St Augustine St                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | City<br>West Hartford                                                                                                                       |                             | State<br>CT                        | Zip Code<br>06110         |
| Principal Occupation<br>Retired Public Health Administrator                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | 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>06/01/2026 | Aggregate Contributions<br>\$26.35 | \$26.35                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Wishart                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | First<br>Raymond                                                                                                                            |                             | MI<br>E                             | Contribution ID #<br>1884 |
| Residential Street Address<br>70 Wrights Crossing Rd .                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | City<br>Pomfret Center                                                                                                                      |                             | State<br>CT                         | Zip Code<br>06259         |
| Principal Occupation<br>Network Engineer                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | Name of Employer<br>Cox Communications                                                                                                      |                             |                                     |                           |
| 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>06/01/2026 | Aggregate Contributions<br>\$209.28 | \$52.40                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Rosenblatt                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | First<br>Edward                                                                                                                             |                             | MI                                  | Contribution ID #<br>1885 |
| Residential Street Address<br>194 Water's Edge Dr                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | City<br>Southington                                                                                                                         |                             | State<br>CT                         | Zip Code                  |
| Principal Occupation<br>Attorney                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | Name of Employer<br>Ed Rosenblatt                                                                                                           |                             |                                     |                           |
| 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>06/01/2026 | Aggregate Contributions<br>\$260.73 | \$260.73                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Lloyd                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | First<br>Cindi                                                                                                                              |                             | MI                                  | Contribution ID #<br>1886 |
| Residential Street Address<br>5 Westview Dr Apt D                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | City<br>Bloomfield                                                                                                                          |                             | State<br>CT                         | Zip Code<br>06002         |
| Principal Occupation<br>Special Investigator                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | Name of Employer<br>Cindi Lloyd                                                                                                             |                             |                                     |                           |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>06012026G</u>                                                                                                                                | 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>06/01/2026 | 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            |
|-------------------------------------------------------------------------|---------------------------|
| Bysiewicz for CT                                                        | July 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Rosado</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Maly</b>                                                                                                                        |                                    | MI                                         | Contribution ID #<br><b>1887</b> |
| Residential Street Address<br><b>134 Forster St</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>Hartford</b>                                                                                                                     |                                    | State<br><b>CT</b>                         | Zip Code                         |
| Principal Occupation<br><b>Executive Administrator</b>                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | Name of Employer<br><b>Housing Authority</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>06012026G</b>                                                                                                                                | 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>\$260.73</b> | <b>\$260.73</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Bilodeau</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | First<br><b>Kelly</b>                                                                                                                       |                                    | MI                                         | Contribution ID #<br><b>1888</b> |
| Residential Street Address<br><b>97 Roslyn St</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | City<br><b>Hartford</b>                                                                                                                     |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06106</b>         |
| Principal Occupation<br><b>Town Clerk</b>                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | Name of Employer<br><b>Town of East Hartford</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>06012026G</b>                                                                                                                                | 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>\$104.48</b> | <b>\$104.48</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Wilks</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>Marva</b>                                                                                                                       |                                    | MI                                        | Contribution ID #<br><b>1889</b> |
| Residential Street Address<br><b>289 Preston St</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>Windsor</b>                                                                                                                      |                                    | State<br><b>CT</b>                        | Zip Code                         |
| 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>06/01/2026</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                              |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------|----------------------------------|
| Last Name<br><b>Sahay</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>Chittaranjan</b>                                                                                                                |                                    | MI                                           | Contribution ID #<br><b>1890</b> |
| Residential Street Address<br><b>170 E Opal Dr .</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br><b>Glastonbury</b>                                                                                                                  |                                    | State<br><b>CT</b>                           | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Professor</b>                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | Name of Employer<br><b>University of Hartford</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>06012026G</b>                                                                                                                                | 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>\$1,000.00</b> | <b>\$500.00</b>                  |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                    |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>Ciplinski                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | First<br>Walter                                                                                                                             |                             | MI<br>A                            | Contribution ID #<br>1891 |
| Residential Street Address<br>35 Whiteside St                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | City<br>Newington                                                                                                                           |                             | State<br>CT                        | Zip Code<br>06111         |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>06012026G</u>                                                                                                                                | 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>06/01/2026 | Aggregate Contributions<br>\$50.00 | \$50.00                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Coleman                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | First<br>Eric                                                                                                                               |                             | MI<br>D                             | Contribution ID #<br>1892 |
| Residential Street Address<br>53 Goodwin Cir                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | City<br>Hartford                                                                                                                            |                             | State<br>CT                         | Zip Code<br>06105         |
| Principal Occupation<br>Legal                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | 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>06/01/2026 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                    |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>Davis                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | First<br>John                                                                                                                               |                             | MI<br>B                            | Contribution ID #<br>1893 |
| Residential Street Address<br>78 Edwards St                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | City<br>Hartford                                                                                                                            |                             | State<br>CT                        | Zip Code<br>06120         |
| 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>06/01/2026 | Aggregate Contributions<br>\$25.00 | \$25.00                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Lawrence                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | First<br>Andrew                                                                                                                             |                             | MI<br>G                             | Contribution ID #<br>1894 |
| Residential Street Address<br>292 Mountain Rd                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | City<br>Windsor                                                                                                                             |                             | State<br>CT                         | Zip Code<br>06095         |
| 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>06/01/2026 | Aggregate Contributions<br>\$320.00 | \$320.00                  |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Suzann</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Beckett</b>                                                                                                                     |                                    | MI                                         | Contribution ID #<br><b>1895</b> |
| Residential Street Address<br><b>101 Girard Ave</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>Hartford</b>                                                                                                                     |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06105</b>         |
| Principal Occupation<br><b>Attorney</b>                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | Name of Employer<br><b>Beckett Law 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>06012026G</b>                                                                                                                                | 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>06/01/2026</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Wilson</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Veronica</b>                                                                                                                    |                                    | MI<br><b>A</b>                             | Contribution ID #<br><b>1896</b> |
| Residential Street Address<br><b>131 Ridgefield St</b>                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | City<br><b>Hartford</b>                                                                                                                     |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06112</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>06012026G</b>                                                                                                                                | 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>06/01/2026</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Cardillo</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | First<br><b>Chad</b>                                                                                                                        |                                    | MI                                         | Contribution ID #<br><b>1897</b> |
| Residential Street Address<br><b>158 Hillcrest Ter</b>                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | City<br><b>Meriden</b>                                                                                                                      |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06450</b>         |
| Principal Occupation<br><b>Teacher</b>                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | Name of Employer<br><b>Meriden BOE</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>\$100.00</b> | <b>\$100.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                              |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------|----------------------------------|
| Last Name<br><b>Ingalls</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Edward</b>                                                                                                                      |                                    | MI                                           | Contribution ID #<br><b>1898</b> |
| Residential Street Address<br><b>37 Sepous Rd</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | City<br><b>Avon</b>                                                                                                                         |                                    | State<br><b>CT</b>                           | Zip Code<br><b>06001</b>         |
| Principal Occupation<br><b>Electrician</b>                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | Name of Employer<br><b>Newington Electric</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>\$2,000.00</b> | <b>\$1,000.00</b>                |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Moore</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>Leland</b>                                                                                                                      |                                    | MI                                         | Contribution ID #<br><b>1899</b> |
| Residential Street Address<br><b>189 Concord St</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>New Haven</b>                                                                                                                    |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06512</b>         |
| Principal Occupation<br><b>Assistant Attorney General</b>                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | Name of Employer<br><b>State of Connecticut Office of the Attorney General</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>\$104.48</b> | <b>\$104.48</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Hauselt</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>John</b>                                                                                                                        |                                    | MI                                         | Contribution ID #<br><b>1900</b> |
| Residential Street Address<br><b>34 Mildred Rd</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | City<br><b>Meriden</b>                                                                                                                      |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06450</b>         |
| Principal Occupation<br><b>IT Analyst</b>                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | Name of Employer<br><b>Eversource 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>06/02/2026</b> | Aggregate Contributions<br><b>\$104.48</b> | <b>\$104.48</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Hornish</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Annie</b>                                                                                                                       |                                    | MI                                         | Contribution ID #<br><b>1901</b> |
| Residential Street Address<br><b>864 Thrall Ave</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>Suffield</b>                                                                                                                     |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06078</b>         |
| Principal Occupation<br><b>State Director</b>                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | Name of Employer<br><b>Humane World for Animals</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 checked="" type="checkbox"/> Yes <input 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>\$100.00</b> | <b>\$100.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Hornish</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Neil</b>                                                                                                                        |                                    | MI                                         | Contribution ID #<br><b>1902</b> |
| Residential Street Address<br><b>864 Thrall Ave</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>Suffield</b>                                                                                                                     |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06078</b>         |
| Principal Occupation<br><b>Project Engineer</b>                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Name of Employer<br><b>Collins Aerospace</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 checked="" type="checkbox"/> Yes <input 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>\$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            |
|-------------------------------------------------------------------------|---------------------------|
| Bysiewicz for CT                                                        | July 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Niland</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Lawrence</b>                                                                                                                    |                                    | MI                                         | Contribution ID #<br><b>1903</b> |
| Residential Street Address<br><b>3271 Hebron Ave</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br><b>Glastonbury</b>                                                                                                                  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Infrastructure Engineer</b>                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | Name of Employer<br><b>City of Middletown CT</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>\$200.00</b> | <b>\$100.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Renaud</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Chris</b>                                                                                                                       |                                    | MI                                        | Contribution ID #<br><b>1904</b> |
| Residential Street Address<br><b>2 Jewel St</b>                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | City<br><b>Enfield</b>                                                                                                                      |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06082</b>         |
| Principal Occupation<br><b>Attorney</b>                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | Name of Employer<br><b>Commonwealth of Massachusetts</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>Macary</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Terrance</b>                                                                                                                    |                                    | MI                                         | Contribution ID #<br><b>1905</b> |
| Residential Street Address<br><b>30 Central Ave</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>Wolcott</b>                                                                                                                      |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06716</b>         |
| Principal Occupation<br><b>Student</b>                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | Name of Employer<br><b>UConn</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>\$320.00</b> | <b>\$320.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Nemeth</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Marc</b>                                                                                                                        |                                    | MI                                         | Contribution ID #<br><b>1906</b> |
| Residential Street Address<br><b>112 Oconnell Dr</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br><b>Berlin</b>                                                                                                                       |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06037</b>         |
| Principal Occupation<br><b>president</b>                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | Name of Employer<br><b>Jonal Labs</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>\$104.48</b> | <b>\$104.48</b>                  |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>CLAFFEY</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>SHARON</b>                                                                                                                      |                                    | MI                                        | Contribution ID #<br><b>1907</b> |
| Residential Street Address<br><b>3 Jefferson Dr</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>East Granby</b>                                                                                                                  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06026</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>06/03/2026</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>EMMANUEL</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | First<br><b>JOHN</b>                                                                                                                        |                                    | MI                                         | Contribution ID #<br><b>1908</b> |
| Residential Street Address<br><b>48 Fox Hill Dr</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>Rocky Hill</b>                                                                                                                   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06067</b>         |
| Principal Occupation<br><b>Commercial property manager</b>                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | Name of Employer<br><b>GPE Group</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>\$250.00</b> | <b>\$250.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Hutchins</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | First<br><b>Vanessa Dill</b>                                                                                                                |                                    | MI                                         | Contribution ID #<br><b>1909</b> |
| Residential Street Address<br><b>212 Olive St</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | City<br><b>Meriden</b>                                                                                                                      |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06450</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b><u>061720261</u></b>                                                                                                                         | 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>\$100.00</b> | <b>\$100.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Fontanella</b>                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                | First<br><b>Bruce</b>                                                                                                                       |                                    | MI                                         | Contribution ID #<br><b>1910</b> |
| Residential Street Address<br><b>161 Natchaug Dr</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br><b>Meriden</b>                                                                                                                      |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06450</b>         |
| Principal Occupation<br><b>Attorney</b>                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | Name of Employer<br><b>Law Office Of Bruce A. Fontanella 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>06/04/2026</b> | Aggregate Contributions<br><b>\$521.15</b> | <b>\$521.15</b>                  |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Bish</b>                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | First<br><b>John</b>                                                                                                                        |                                    | MI                                         | Contribution ID #<br><b>1911</b> |
| Residential Street Address<br><b>201 Amity St</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | City<br><b>Meriden</b>                                                                                                                      |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06450</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>06/04/2026</b> | Aggregate Contributions<br><b>\$500.00</b> | <b>\$500.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Cardona</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Michael</b>                                                                                                                     |                                    | MI                                         | Contribution ID #<br><b>1912</b> |
| Residential Street Address<br><b>74 Lanouette Street Ext</b>                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | City<br><b>Meriden</b>                                                                                                                      |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06451</b>         |
| Principal Occupation<br><b>City Clerk</b>                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | Name of Employer<br><b>City of Meriden</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>061720261</b>                                                                                                                                | 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>06/04/2026</b> | Aggregate Contributions<br><b>\$104.48</b> | <b>\$104.48</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Roets</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>Jane</b>                                                                                                                        |                                    | MI                                        | Contribution ID #<br><b>1913</b> |
| Residential Street Address<br><b>69 State St</b>                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | City<br><b>Wethersfield</b>                                                                                                                 |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06109</b>         |
| Principal Occupation<br><b>Therapist</b>                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | Name of Employer<br><b>Growing Well Counseling</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>06/04/2026</b> | Aggregate Contributions<br><b>\$26.35</b> | <b>\$26.35</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Casarella</b>                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | First<br><b>Karlene</b>                                                                                                                     |                                    | MI                                         | Contribution ID #<br><b>1914</b> |
| Residential Street Address<br><b>76 Highland Park</b>                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | City<br><b>Enfield</b>                                                                                                                      |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06082</b>         |
| Principal Occupation<br><b>part time tax preparer</b>                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | Name of Employer<br><b>Karlene M Casarella Tax Service</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>06/04/2026</b> | Aggregate Contributions<br><b>\$104.80</b> | <b>\$52.40</b>                   |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Karp</b>                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | First<br><b>Susan</b>                                                                                                                       |                                    | MI                                         | Contribution ID #<br><b>1915</b> |
| Residential Street Address<br><b>32 Rampart Dr</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | City<br><b>Glastonbury</b>                                                                                                                  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06033</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>06/04/2026</b> | Aggregate Contributions<br><b>\$521.46</b> | <b>\$260.73</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Fontana</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Stephen</b>                                                                                                                     |                                    | MI                                         | Contribution ID #<br><b>1916</b> |
| Residential Street Address<br><b>23 Angel Pl</b>                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | City<br><b>North Haven</b>                                                                                                                  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06473</b>         |
| Principal Occupation<br><b>Economic development Director</b>                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | Name of Employer<br><b>Town of Hamden, CT</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>06/04/2026</b> | Aggregate Contributions<br><b>\$200.00</b> | <b>\$200.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Conroy</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Bruce</b>                                                                                                                       |                                    | MI                                         | Contribution ID #<br><b>1917</b> |
| Residential Street Address<br><b>13 Burke Heights Dr</b>                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | City<br><b>Wallingford</b>                                                                                                                  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06492</b>         |
| Principal Occupation<br><b>Union Carpenter</b>                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                | Name of Employer<br><b>Brownstone Construction</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>061720261</b>                                                                                                                                | 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>06/04/2026</b> | Aggregate Contributions<br><b>\$104.48</b> | <b>\$104.48</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>DeRenzo</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Patricia</b>                                                                                                                    |                                    | MI                                        | Contribution ID #<br><b>1918</b> |
| Residential Street Address<br><b>35 Overlook Dr</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>Wallingford</b>                                                                                                                  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06492</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>06/05/2026</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            |
|-------------------------------------------------------------------------|---------------------------|
| Bysiewicz for CT                                                        | July 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Rivard</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Bryan</b>                                                                                                                       |                                    | MI                                         | Contribution ID #<br><b>1919</b> |
| Residential Street Address<br><b>60 Mansion Rd</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | City<br><b>Wallingford</b>                                                                                                                  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06492</b>         |
| Principal Occupation<br><b>Director, Commercial Engine Programs</b>                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | Name of Employer<br><b>Pratt &amp; Whitney an RTX business</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>061720261</b>                                                                                                                                | 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>06/05/2026</b> | Aggregate Contributions<br><b>\$260.73</b> | <b>\$260.73</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Berkmoes</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | First<br><b>Robert</b>                                                                                                                      |                                    | MI                                         | Contribution ID #<br><b>1920</b> |
| Residential Street Address<br><b>25 S Vernondale Dr</b>                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | City<br><b>Southington</b>                                                                                                                  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06489</b>         |
| Principal Occupation<br><b>Executive Vice President</b>                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | Name of Employer<br><b>James T Kay 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>061720261</b>                                                                                                                                | 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>06/05/2026</b> | Aggregate Contributions<br><b>\$130.52</b> | <b>\$130.52</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Post</b>                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | First<br><b>Maureen</b>                                                                                                                     |                                    | MI                                        | Contribution ID #<br><b>1921</b> |
| Residential Street Address<br><b>203 Goodale Dr</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>Newington</b>                                                                                                                    |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06111</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>06/05/2026</b> | Aggregate Contributions<br><b>\$52.40</b> | <b>\$52.40</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Galligan</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | First<br><b>Jonathan</b>                                                                                                                    |                                    | MI<br><b>M</b>                            | Contribution ID #<br><b>1922</b> |
| Residential Street Address<br><b>98 Pane Rd Unit 1310</b>                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | City<br><b>Newington</b>                                                                                                                    |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06111</b>         |
| Principal Occupation<br><b>Fiscal Administrator/Savant of the Beurcratic Arts</b>                                                                                                                                                                                                                                    |                                                                                                                                                                                                | Name of Employer<br><b>State of Connecticut</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>06/05/2026</b> | Aggregate Contributions<br><b>\$52.40</b> | <b>\$52.40</b>                   |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Khanna</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Joe</b>                                                                                                                         |                                    | MI                                         | Contribution ID #<br><b>1923</b> |
| Residential Street Address<br><b>137 Thornwood Rd</b>                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | City<br><b>Stamford</b>                                                                                                                     |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06903</b>         |
| Principal Occupation<br><b>Attorney</b>                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | Name of Employer<br><b>Mastercard</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>06/05/2026</b> | Aggregate Contributions<br><b>\$333.65</b> | <b>\$333.65</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>A Avallone</b>                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                | First<br><b>Vincent</b>                                                                                                                     |                                    | MI                                         | Contribution ID #<br><b>1924</b> |
| Residential Street Address<br><b>1 Ashford Ct</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | City<br><b>Wallingford</b>                                                                                                                  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06492</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>06172026J</b>                                                                                                                                | 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>06/05/2026</b> | Aggregate Contributions<br><b>\$408.65</b> | <b>\$200.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>A Avallone</b>                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                | First<br><b>Vincent</b>                                                                                                                     |                                    | MI                                         | Contribution ID #<br><b>1925</b> |
| Residential Street Address<br><b>1 Ashford Ct</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | City<br><b>Wallingford</b>                                                                                                                  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06492</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>06/05/2026</b> | Aggregate Contributions<br><b>\$408.65</b> | <b>\$208.65</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                              |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------|----------------------------------|
| Last Name<br><b>Ceneviva</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | First<br><b>Dennis</b>                                                                                                                      |                                    | MI<br><b>A</b>                               | Contribution ID #<br><b>1926</b> |
| Residential Street Address<br><b>102 Stonegate</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | City<br><b>Cheshire</b>                                                                                                                     |                                    | State<br><b>CT</b>                           | Zip Code<br><b>06410</b>         |
| Principal Occupation<br><b>Lawyer</b>                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | Name of Employer<br><b>Ceneviva Law Firm, 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 checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br><b>06/05/2026</b> | Aggregate Contributions<br><b>\$1,000.00</b> | <b>\$1,000.00</b>                |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Farrell                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | First<br>Christopher                                                                                                                        |                             | MI                                  | Contribution ID #<br>1927 |
| Residential Street Address<br>55 Elm St Apt 459                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | City<br>Hartford                                                                                                                            |                             | State<br>CT                         | Zip Code<br>06106         |
| Principal Occupation<br>Attorney                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | Name of Employer<br>Gordon Rees                                                                                                             |                             |                                     |                           |
| 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>\$250.00 | \$250.00                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                    |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>Randich                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | First<br>Robert                                                                                                                             |                             | MI                                 | Contribution ID #<br>1928 |
| Residential Street Address<br>43 Brook St                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | City<br>Newington                                                                                                                           |                             | State<br>CT                        | Zip Code<br>06111         |
| Principal Occupation<br>Judge                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | Name of Employer<br>Newington Probate Court                                                                                                 |                             |                                    |                           |
| 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>06/07/2026 | Aggregate Contributions<br>\$50.00 | \$50.00                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Polites                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | First<br>Jim                                                                                                                                |                             | MI                                  | Contribution ID #<br>1929 |
| Residential Street Address<br>23 Windy Hill Ln                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                | City<br>Rocky Hill                                                                                                                          |                             | State<br>CT                         | Zip Code<br>06067         |
| Principal Occupation<br>Executive Assistant                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | Name of Employer<br>State of Connecticut                                                                                                    |                             |                                     |                           |
| 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>06/07/2026 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Meigs                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | First<br>Alice E                                                                                                                            |                             | MI                                  | Contribution ID #<br>1930 |
| Residential Street Address<br>237 Natchaug Dr                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | City<br>Meriden                                                                                                                             |                             | State<br>CT                         | Zip Code<br>06450         |
| 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>06/07/2026 | Aggregate Contributions<br>\$104.48 | \$104.48                  |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                    |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>Farmer                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | First<br>Theresa                                                                                                                            |                             | MI                                 | Contribution ID #<br>1931 |
| Residential Street Address<br>27 Melody Ln                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | City<br>East Granby                                                                                                                         |                             | State<br>CT                        | Zip Code<br>06026         |
| 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>06/07/2026 | Aggregate Contributions<br>\$25.00 | \$25.00                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Walker                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | First<br>Joan                                                                                                                               |                             | MI                                  | Contribution ID #<br>1932 |
| Residential Street Address<br>39 Stepping Stone Ln                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | City<br>Madison                                                                                                                             |                             | State<br>CT                         | Zip Code<br>06443         |
| Principal Occupation<br>Treasurer                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | Name of Employer<br>UNAPEN, Inc.                                                                                                            |                             |                                     |                           |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>05172026B</u>                                                                                                                                | 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>06/08/2026 | Aggregate Contributions<br>\$510.73 | \$260.73                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Barton                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | First<br>Thomas                                                                                                                             |                             | MI                                  | Contribution ID #<br>1933 |
| Residential Street Address<br>14 Mattabasset Dr                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | City<br>Meriden                                                                                                                             |                             | State<br>CT                         | Zip Code<br>06450         |
| Principal Occupation<br>Web Design & Marketing                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                | Name of Employer<br>Web Solutions, Inc.                                                                                                     |                             |                                     |                           |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>06172026J</u>                                                                                                                                | 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>06/08/2026 | Aggregate Contributions<br>\$625.62 | \$312.81                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Angelo                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | First<br>Doru                                                                                                                               |                             | MI                                  | Contribution ID #<br>1934 |
| Residential Street Address<br>112 Stoner Dr                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | City<br>West Hartford                                                                                                                       |                             | State<br>CT                         | Zip Code<br>06107         |
| Principal Occupation<br>Consultant                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | Name of Employer<br>Onyx Elite LLC                                                                                                          |                             |                                     |                           |
| 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>06/08/2026 | Aggregate Contributions<br>\$260.73 | \$260.73                  |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                              |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------|----------------------------------|
| Last Name<br><b>Farrell</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Brian</b>                                                                                                                       |                                    | MI<br><b>M</b>                               | Contribution ID #<br><b>1935</b> |
| Residential Street Address<br><b>124 Shore Rd .</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>Clinton</b>                                                                                                                      |                                    | State<br><b>CT</b>                           | Zip Code<br><b>06413</b>         |
| Principal Occupation<br><b>Structured Settlement Consultant</b>                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Name of Employer<br><b>Ringler Assoc. of Conn-York, Inc.</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>\$1,041.98</b> | <b>\$1,041.98</b>                |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Williams</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | First<br><b>Vanessa</b>                                                                                                                     |                                    | MI<br><b>CT</b>                            | Contribution ID #<br><b>1936</b> |
| Residential Street Address<br><b>153 Ogden Lord Rd</b>                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | City<br><b>Marlborough</b>                                                                                                                  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06447</b>         |
| Principal Occupation<br><b>Owner</b>                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | Name of Employer<br><b>Leading Edge Consulting, 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>06/08/2026</b> | Aggregate Contributions<br><b>\$521.15</b> | <b>\$521.15</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Finch</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>Bill</b>                                                                                                                        |                                    | MI<br><b>CT</b>                            | Contribution ID #<br><b>1937</b> |
| Residential Street Address<br><b>70 Crown St</b>                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | City<br><b>Bridgeport</b>                                                                                                                   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06610</b>         |
| Principal Occupation<br><b>Director</b>                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | Name of Employer<br><b>CTLMCC</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 checked="" type="checkbox"/> Yes <input 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>\$200.00</b> | <b>\$100.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Pearston</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | First<br><b>Robert</b>                                                                                                                      |                                    | MI<br><b>CT</b>                           | Contribution ID #<br><b>1938</b> |
| Residential Street Address<br><b>992 Ridgewood Rd</b>                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | City<br><b>Middletown</b>                                                                                                                   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06457</b>         |
| Principal Occupation<br><b>Transporter</b>                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | Name of Employer<br><b>Hertz</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>\$52.70</b> | <b>\$26.35</b>                   |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Daniels</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Paul</b>                                                                                                                        |                                    | MI<br><b>B</b>                             | Contribution ID #<br><b>1939</b> |
| Residential Street Address<br><b>129 Collindale Dr</b>                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | City<br><b>Meriden</b>                                                                                                                      |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06450</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>06/08/2026</b> | Aggregate Contributions<br><b>\$250.00</b> | <b>\$250.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Clark</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>Jeff</b>                                                                                                                        |                                    | MI<br><b>CT</b>                           | Contribution ID #<br><b>1940</b> |
| Residential Street Address<br><b>17 Pinewood Rd</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>East Granby</b>                                                                                                                  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06026</b>         |
| Principal Occupation<br><b>Program Manager</b>                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                | Name of Employer<br><b>GovCIO</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>\$26.35</b> | <b>\$26.35</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Angelo-Owens</b>                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | First<br><b>La'Mar</b>                                                                                                                      |                                    | MI<br><b>CT</b>                           | Contribution ID #<br><b>1941</b> |
| Residential Street Address<br><b>1216 Farmington Ave Ste 202</b>                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | City<br><b>West Hartford</b>                                                                                                                |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06107</b>         |
| Principal Occupation<br><b>Consultant</b>                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | Name of Employer<br><b>Onyx Elite</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>\$52.40</b> | <b>\$52.40</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Keating</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Adrian</b>                                                                                                                      |                                    | MI<br><b>CT</b>                            | Contribution ID #<br><b>1942</b> |
| Residential Street Address<br><b>84 Meadowbrook Rd .</b>                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | City<br><b>West Hartford</b>                                                                                                                |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06107</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>\$260.73</b> | <b>\$260.73</b>                  |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>McDonald</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | First<br><b>Ian</b>                                                                                                                         |                                    | MI                                        | Contribution ID #<br><b>1943</b> |
| Residential Street Address<br><b>548 Valley Rd</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | City<br><b>Dayville</b>                                                                                                                     |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06241</b>         |
| Principal Occupation<br><b>Stonemason</b>                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | Name of Employer<br><b>McDonald Stonemasonry</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>\$50.00</b> | <b>\$50.00</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Benigni</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Gail</b>                                                                                                                        |                                    | MI                                         | Contribution ID #<br><b>1944</b> |
| Residential Street Address<br><b>178 Metacomet Dr</b>                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | City<br><b>Meriden</b>                                                                                                                      |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06450</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>\$104.48</b> | <b>\$104.48</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Frate</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>Corey</b>                                                                                                                       |                                    | MI                                         | Contribution ID #<br><b>1945</b> |
| Residential Street Address<br><b>47 Hecker Ave</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | City<br><b>Darien</b>                                                                                                                       |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06820</b>         |
| Principal Occupation<br><b>Executive Assistant</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | Name of Employer<br><b>City of Norwalk</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>\$104.48</b> | <b>\$104.48</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Klein</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>Randall</b>                                                                                                                     |                                    | MI                                         | Contribution ID #<br><b>1946</b> |
| Residential Street Address<br><b>19 Salt Box Ln</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>Darien</b>                                                                                                                       |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06820</b>         |
| Principal Occupation<br><b>Business Owner</b>                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | Name of Employer<br><b>Drivers Unlimited</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>\$104.48</b> | <b>\$104.48</b>                  |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                       |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|---------------------------------------|---------------------------|
| Last Name<br>Schoenfeld                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | First<br>Jade                                                                                                                               |                             | MI                                    | Contribution ID #<br>1947 |
| Residential Street Address<br>58 Brentwood Dr                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | City<br>Glastonbury                                                                                                                         |                             | State<br>CT                           | Zip Code<br>06033         |
| Principal Occupation<br>student                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Name of Employer<br>student                                                                                                                 |                             |                                       |                           |
| 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>06/09/2026 | Aggregate Contributions<br>\$2,000.00 | \$2,000.00                |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                       |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|---------------------------------------|---------------------------|
| Last Name<br>Schoenfeld                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | First<br>Julia                                                                                                                              |                             | MI                                    | Contribution ID #<br>1948 |
| Residential Street Address<br>58 Brentwood Dr                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | City<br>Glastonbury                                                                                                                         |                             | State<br>CT                           | Zip Code<br>06033         |
| Principal Occupation<br>student                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Name of Employer<br>student                                                                                                                 |                             |                                       |                           |
| 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>06/09/2026 | Aggregate Contributions<br>\$2,000.00 | \$2,000.00                |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                    |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>Palmieri                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | First<br>Chris                                                                                                                              |                             | MI                                 | Contribution ID #<br>1949 |
| Residential Street Address<br>186 Highridge Rd                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                | City<br>Southington                                                                                                                         |                             | State<br>CT                        | Zip Code<br>06489         |
| Principal Occupation<br>Principal                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | Name of Employer<br>TOS                                                                                                                     |                             |                                    |                           |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>05272026E</u>                                                                                                                                | 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>06/09/2026 | Aggregate Contributions<br>\$75.00 | \$75.00                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Calkins                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | First<br>Dale                                                                                                                               |                             | MI<br>S                             | Contribution ID #<br>1950 |
| Residential Street Address<br>29 Briarwood Dr                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | City<br>Meriden                                                                                                                             |                             | State<br>CT                         | Zip Code<br>06450         |
| 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>06/09/2026 | 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            |
|-------------------------------------------------------------------------|---------------------------|
| Bysiewicz for CT                                                        | July 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Calkins</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Nancy</b>                                                                                                                       |                                    | MI<br><b>S</b>                             | Contribution ID #<br><b>1951</b> |
| Residential Street Address<br><b>29 Briarwood Dr</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br><b>Meriden</b>                                                                                                                      |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06450</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>06/09/2026</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Daly</b>                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | First<br><b>Evelyn</b>                                                                                                                      |                                    | MI<br><b>M</b>                             | Contribution ID #<br><b>1952</b> |
| Residential Street Address<br><b>2 Boxwood Rd</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | City<br><b>Farmington</b>                                                                                                                   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06032</b>         |
| Principal Occupation<br><b>Attorney</b>                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | Name of Employer<br><b>Furey, Donovan, Cooney &amp; Dyer</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>06/09/2026</b> | Aggregate Contributions<br><b>\$250.00</b> | <b>\$250.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Clarke II</b>                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | First<br><b>TJ</b>                                                                                                                          |                                    | MI                                         | Contribution ID #<br><b>1953</b> |
| Residential Street Address<br><b>192 Palm St</b>                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | City<br><b>Hartford</b>                                                                                                                     |                                    | State<br><b>CT</b>                         | Zip Code                         |
| Principal Occupation<br><b>Administrator</b>                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | Name of Employer<br><b>AFSCME</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>06012026G</b>                                                                                                                                | 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>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Mennella</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | First<br><b>Maria</b>                                                                                                                       |                                    | MI                                         | Contribution ID #<br><b>1954</b> |
| Residential Street Address<br><b>110 Highland St</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br><b>Rocky Hill</b>                                                                                                                   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06067</b>         |
| Principal Occupation<br><b>Manager of Administrative Services</b>                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | Name of Employer<br><b>State of Connecticut Judicial Branch</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>06102026H</b>                                                                                                                                | 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>\$104.48</b> | <b>\$104.48</b>                  |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Ferland</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Charles</b>                                                                                                                     |                                    | MI<br><b>P</b>                             | Contribution ID #<br><b>1955</b> |
| Residential Street Address<br><b>86 Knox Ave</b>                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | City<br><b>Danielson</b>                                                                                                                    |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06239</b>         |
| Principal Occupation<br><b>vintage books</b>                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | Name of Employer<br><b>manager</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>\$104.48</b> | <b>\$104.48</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Turco</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>Gary</b>                                                                                                                        |                                    | MI                                         | Contribution ID #<br><b>1956</b> |
| Residential Street Address<br><b>42 Cobblestone Ct</b>                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | City<br><b>Newington</b>                                                                                                                    |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06111</b>         |
| Principal Occupation<br><b>State Representative</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | Name of Employer<br><b>State of CT</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>06102026H</b>                                                                                                                                | 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>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Noble</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>Daniel</b>                                                                                                                      |                                    | MI                                         | Contribution ID #<br><b>1957</b> |
| Residential Street Address<br><b>160 E 65th St # 28E</b>                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | City<br><b>New York</b>                                                                                                                     |                                    | State<br><b>NY</b>                         | Zip Code<br><b>10065</b>         |
| Principal Occupation<br><b>Attorney</b>                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | Name of Employer<br><b>KKL LLP</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>\$250.00</b> | <b>\$250.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Lesser</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Ken</b>                                                                                                                         |                                    | MI                                         | Contribution ID #<br><b>1958</b> |
| Residential Street Address<br><b>8 Hawthorn Way</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>Wethersfield</b>                                                                                                                 |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06109</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>06102026H</b>                                                                                                                                | 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>\$150.00</b> | <b>\$50.00</b>                   |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Bello</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>Richard</b>                                                                                                                     |                                    | MI<br><b>D</b>                             | Contribution ID #<br><b>1959</b> |
| Residential Street Address<br><b>311 Hartford</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | City<br><b>Wethersfield</b>                                                                                                                 |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06105</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>06102026H</b>                                                                                                                                | 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>06/10/2026</b> | Aggregate Contributions<br><b>\$110.73</b> | <b>\$100.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Forrest</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Matthew</b>                                                                                                                     |                                    | MI<br><b></b>                              | Contribution ID #<br><b>1960</b> |
| Residential Street Address<br><b>72 Somerset St</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>Wethersfield</b>                                                                                                                 |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06109</b>         |
| Principal Occupation<br><b>Attorney</b>                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | Name of Employer<br><b>Forrest Legal</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>06102026H</b>                                                                                                                                | 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>06/10/2026</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$50.00</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Granato</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Barbara</b>                                                                                                                     |                                    | MI<br><b>H</b>                             | Contribution ID #<br><b>1961</b> |
| Residential Street Address<br><b>51 Golf Rd</b>                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | City<br><b>Wethersfield</b>                                                                                                                 |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06109</b>         |
| Principal Occupation<br><b>Teacher</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>06102026H</b>                                                                                                                                | 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>06/10/2026</b> | Aggregate Contributions<br><b>\$500.00</b> | <b>\$250.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Guerrera</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | First<br><b>Nancy</b>                                                                                                                       |                                    | MI<br><b>J</b>                             | Contribution ID #<br><b>1962</b> |
| Residential Street Address<br><b>111 Garden St</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | City<br><b>Wethersfield</b>                                                                                                                 |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06109</b>         |
| Principal Occupation<br><b>RN</b>                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | Name of Employer<br><b>Hartford Hospital</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>06102026H</b>                                                                                                                                | 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>06/10/2026</b> | Aggregate Contributions<br><b>\$204.48</b> | <b>\$100.00</b>                  |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Kruk</b>                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | First<br><b>Pauline</b>                                                                                                                     |                                    | MI<br><b>A</b>                             | Contribution ID #<br><b>1963</b> |
| Residential Street Address<br><b>165 Walsh Ave</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | City<br><b>Newington</b>                                                                                                                    |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06111</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>06102026H</b>                                                                                                                                | 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>06/10/2026</b> | Aggregate Contributions<br><b>\$483.65</b> | <b>\$150.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Morrin</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>John</b>                                                                                                                        |                                    | MI<br><b>J</b>                            | Contribution ID #<br><b>1964</b> |
| Residential Street Address<br><b>131 Black Birch</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br><b>Wethersfield</b>                                                                                                                 |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06109</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>06102026H</b>                                                                                                                                | 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>06/10/2026</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                              |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------|----------------------------------|
| Last Name<br><b>Keating</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Maureen</b>                                                                                                                     |                                    | MI<br><b></b>                                | Contribution ID #<br><b>1965</b> |
| Residential Street Address<br><b>3 Ridgeview Dr</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>Ellington</b>                                                                                                                    |                                    | State<br><b>CT</b>                           | Zip Code<br><b>06029</b>         |
| Principal Occupation<br><b>Financial Advisor</b>                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | Name of Employer<br><b>UBS Financial 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>06/11/2026</b> | Aggregate Contributions<br><b>\$1,041.98</b> | <b>\$1,041.98</b>                |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>MARSH</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>HARRY</b>                                                                                                                       |                                    | MI<br><b></b>                             | Contribution ID #<br><b>1966</b> |
| Residential Street Address<br><b>56 Great Meadow Ln</b>                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | City<br><b>Avon</b>                                                                                                                         |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06001</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>06/11/2026</b> | Aggregate Contributions<br><b>\$52.70</b> | <b>\$26.35</b>                   |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Corey</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>Edward</b>                                                                                                                      |                                    | MI                                         | Contribution ID #<br><b>1967</b> |
| Residential Street Address<br><b>26 Whiting Ave Fl 2</b>                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | City<br><b>Torrington</b>                                                                                                                   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06790</b>         |
| Principal Occupation<br><b>Executive Aide</b>                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | Name of Employer<br><b>City of Danbury</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>06/11/2026</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Walker</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Joan</b>                                                                                                                        |                                    | MI                                         | Contribution ID #<br><b>1968</b> |
| Residential Street Address<br><b>39 Stepping Stone Ln</b>                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | City<br><b>Madison</b>                                                                                                                      |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06443</b>         |
| Principal Occupation<br><b>Treasurer</b>                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | Name of Employer<br><b>UNAPEN, Inc.</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>05172026B</b>                                                                                                                                | 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>06/11/2026</b> | Aggregate Contributions<br><b>\$771.46</b> | <b>\$260.73</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Yass</b>                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | First<br><b>Robert</b>                                                                                                                      |                                    | MI                                         | Contribution ID #<br><b>1969</b> |
| Residential Street Address<br><b>15 Brenthaven</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | City<br><b>Avon</b>                                                                                                                         |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06001</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>06/11/2026</b> | Aggregate Contributions<br><b>\$200.00</b> | <b>\$200.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Armetano</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | First<br><b>Phillip</b>                                                                                                                     |                                    | MI                                         | Contribution ID #<br><b>1970</b> |
| Residential Street Address<br><b>12 Charnley Rd</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>Enfield</b>                                                                                                                      |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06082</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>06/11/2026</b> | Aggregate Contributions<br><b>\$260.73</b> | <b>\$260.73</b>                  |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Hogan                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | First<br>Rosemary                                                                                                                           |                             | MI                                  | Contribution ID #<br>1971 |
| Residential Street Address<br>61 Pershing Rd                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | City<br>Windsor Locks                                                                                                                       |                             | State<br>CT                         | Zip Code<br>06096         |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>06142026I</u>                                                                                                                                | 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>Seaman                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | First<br>Karen                                                                                                                              |                             | MI                                 | Contribution ID #<br>1972 |
| Residential Street Address<br>10 North Rd                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | City<br>East Granby                                                                                                                         |                             | State<br>CT                        | Zip Code<br>06026         |
| 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>06/11/2026 | Aggregate Contributions<br>\$52.40 | \$52.40                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Hoffman                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | First<br>Stephen                                                                                                                            |                             | MI                                  | Contribution ID #<br>1973 |
| Residential Street Address<br>81 Lower Cross Rd                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | City<br>Greenwich                                                                                                                           |                             | State<br>CT                         | Zip Code<br>06831         |
| 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>06/11/2026 | Aggregate Contributions<br>\$500.00 | \$500.00                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                    |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>Henrie                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | First<br>Robin                                                                                                                              |                             | MI                                 | Contribution ID #<br>1974 |
| Residential Street Address<br>12 Pheasant Ln                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | City<br>Suffield                                                                                                                            |                             | State<br>CT                        | Zip Code<br>06078         |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>06142026I</u>                                                                                                                                | 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>\$25.00 | \$25.00                   |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                              |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------|----------------------------------|
| Last Name<br><b>Mahon</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>Brian</b>                                                                                                                       |                                    | MI<br><b>T</b>                               | Contribution ID #<br><b>1975</b> |
| Residential Street Address<br><b>4 Colorado</b>                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | City<br><b>Meriden</b>                                                                                                                      |                                    | State<br><b>CT</b>                           | Zip Code<br><b>06450</b>         |
| Principal Occupation<br><b>Attorney</b>                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | Name of Employer<br><b>Mahon, Quinn &amp; Mahon P.C.</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>06172026I</b>                                                                                                                                | 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>06/11/2026</b> | Aggregate Contributions<br><b>\$1,000.00</b> | <b>\$1,000.00</b>                |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Schulman</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | First<br><b>Sydney</b>                                                                                                                      |                                    | MI<br><b>T</b>                             | Contribution ID #<br><b>1976</b> |
| Residential Street Address<br><b>8 High Ledge Rd</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br><b>Bloomfield</b>                                                                                                                   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06002</b>         |
| Principal Occupation<br><b>Attorney</b>                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | Name of Employer<br><b>Sydney T. Schulman &amp; Associates</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>06/11/2026</b> | Aggregate Contributions<br><b>\$320.00</b> | <b>\$320.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Wall</b>                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | First<br><b>Kathryn</b>                                                                                                                     |                                    | MI                                         | Contribution ID #<br><b>1977</b> |
| Residential Street Address<br><b>34 Leigus Rd</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | City<br><b>Wallingford</b>                                                                                                                  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06492</b>         |
| Principal Occupation<br><b>Town Clerk</b>                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | Name of Employer<br><b>Town of Berlin</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>06/12/2026</b> | Aggregate Contributions<br><b>\$200.00</b> | <b>\$200.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Sayers</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Margaret</b>                                                                                                                    |                                    | MI                                        | Contribution ID #<br><b>1978</b> |
| Residential Street Address<br><b>477 Denslow St</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>Windsor Locks</b>                                                                                                                |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06096</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>06142026I</b>                                                                                                                                | 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>06/12/2026</b> | Aggregate Contributions<br><b>\$52.40</b> | <b>\$52.40</b>                   |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Kantorski</b>                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | First<br><b>Joseph</b>                                                                                                                      |                                    | MI                                         | Contribution ID #<br><b>1979</b> |
| Residential Street Address<br><b>38 William St W</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>06/12/2026</b> | Aggregate Contributions<br><b>\$104.48</b> | <b>\$104.48</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Sweeney</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Kelly</b>                                                                                                                       |                                    | MI                                         | Contribution ID #<br><b>1980</b> |
| Residential Street Address<br><b>259 Newtown St</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>Middletown</b>                                                                                                                   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06457</b>         |
| Principal Occupation<br><b>Senior Marketing Manager</b>                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | Name of Employer<br><b>Proskauer Rose LLP</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>06/12/2026</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                              |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------|----------------------------------|
| Last Name<br><b>Shufrin</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>David</b>                                                                                                                       |                                    | MI                                           | Contribution ID #<br><b>1981</b> |
| Residential Street Address<br><b>72 Mariner Cir</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>Trumbull</b>                                                                                                                     |                                    | State<br><b>CT</b>                           | Zip Code<br><b>06611</b>         |
| Principal Occupation<br><b>Attorney</b>                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | Name of Employer<br><b>Career Team, 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>06/12/2026</b> | Aggregate Contributions<br><b>\$2,000.00</b> | <b>\$2,000.00</b>                |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Coppola</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Robert</b>                                                                                                                      |                                    | MI                                         | Contribution ID #<br><b>1982</b> |
| Residential Street Address<br><b>28 Treadwell Ave</b>                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | City<br><b>New Milford</b>                                                                                                                  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06776</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>06/12/2026</b> | Aggregate Contributions<br><b>\$208.96</b> | <b>\$104.48</b>                  |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Coppola</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Robert</b>                                                                                                                      |                                    | MI                                         | Contribution ID #<br><b>1983</b> |
| Residential Street Address<br><b>28 Treadwell Ave</b>                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | City<br><b>New Milford</b>                                                                                                                  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06776</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>06/12/2026</b> | Aggregate Contributions<br><b>\$208.96</b> | <b>\$104.48</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Andrade</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Robert</b>                                                                                                                      |                                    | MI<br><b>A</b>                             | Contribution ID #<br><b>1984</b> |
| Residential Street Address<br><b>61 Park Ave N</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | City<br><b>Meriden</b>                                                                                                                      |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06450</b>         |
| Principal Occupation<br><b>Architect</b>                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | Name of Employer<br><b>Andrade Architects 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 checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br><b>06/12/2026</b> | Aggregate Contributions<br><b>\$320.00</b> | <b>\$320.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Luddy</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>John</b>                                                                                                                        |                                    | MI<br><b>J</b>                             | Contribution ID #<br><b>1985</b> |
| Residential Street Address<br><b>20 Ryefield Dr</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>Enfield</b>                                                                                                                      |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06082</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>06/12/2026</b> | Aggregate Contributions<br><b>\$250.00</b> | <b>\$250.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Luddy</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>Mary</b>                                                                                                                        |                                    | MI<br><b>W</b>                             | Contribution ID #<br><b>1986</b> |
| Residential Street Address<br><b>20 Ryefield Dr</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>Enfield</b>                                                                                                                      |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06082</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>06/12/2026</b> | Aggregate Contributions<br><b>\$250.00</b> | <b>\$250.00</b>                  |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Gooden                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | First<br>Frank                                                                                                                              |                             | MI                                  | Contribution ID #<br>1987 |
| Residential Street Address<br>202 Driftwood Ln                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                | 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>06/13/2026 | Aggregate Contributions<br>\$104.48 | \$104.48                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Chapple                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | First<br>Margaret                                                                                                                           |                             | MI                                  | Contribution ID #<br>1988 |
| Residential Street Address<br>10 Burleigh Dr                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | City<br>Granby                                                                                                                              |                             | State<br>CT                         | Zip Code<br>06035         |
| Principal Occupation<br>Attorney                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | Name of Employer<br>Cowdery, Murphy and Healy, LLC                                                                                          |                             |                                     |                           |
| 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>06/13/2026 | Aggregate Contributions<br>\$150.00 | \$150.00                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Melley                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | First<br>Maura                                                                                                                              |                             | MI                                  | Contribution ID #<br>1989 |
| Residential Street Address<br>36 Frederick Rd                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | City<br>South Portland                                                                                                                      |                             | State<br>ME                         | Zip Code<br>04106         |
| 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>06/13/2026 | Aggregate Contributions<br>\$521.15 | \$521.15                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Ezzes                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | First<br>James                                                                                                                              |                             | MI                                  | Contribution ID #<br>1990 |
| Residential Street Address<br>1A Punch Bowl Dr                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                | City<br>Westport                                                                                                                            |                             | State<br>CT                         | Zip Code<br>06880         |
| Principal Occupation<br>General contractor                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | Name of Employer<br>Soundview Builders LLC                                                                                                  |                             |                                     |                           |
| 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>\$500.00 | \$250.00                  |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Perrier</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>John</b>                                                                                                                        |                                    | MI                                         | Contribution ID #<br><b>1991</b> |
| Residential Street Address<br><b>4 Ferguson Way</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>Ellington</b>                                                                                                                    |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06029</b>         |
| Principal Occupation<br><b>Construction</b>                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | Name of Employer<br><b>New England Green homes</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>06/14/2026</b> | Aggregate Contributions<br><b>\$200.00</b> | <b>\$100.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Baker-Gilroy</b>                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | First<br><b>Donna</b>                                                                                                                       |                                    | MI                                         | Contribution ID #<br><b>1992</b> |
| Residential Street Address<br><b>48 Hatchet Hill Rd</b>                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | City<br><b>East Granby</b>                                                                                                                  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06026</b>         |
| Principal Occupation<br><b>Psychotherapist</b>                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                | Name of Employer<br><b>Hartford Family Institute</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>06/14/2026</b> | Aggregate Contributions<br><b>\$104.48</b> | <b>\$104.48</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Gutcheon</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | First<br><b>Adam</b>                                                                                                                        |                                    | MI                                         | Contribution ID #<br><b>1993</b> |
| Residential Street Address<br><b>19 Mechanic St</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>Windsor</b>                                                                                                                      |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06095</b>         |
| Principal Occupation<br><b>consultant</b>                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | Name of Employer<br><b>Voyager Data 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>06142026I</b>                                                                                                                                | 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>06/14/2026</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Wright</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Scott</b>                                                                                                                       |                                    | MI                                         | Contribution ID #<br><b>1994</b> |
| Residential Street Address<br><b>105 Technolgy Dr Ste 1A</b>                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | City<br><b>Trumbull</b>                                                                                                                     |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06611</b>         |
| Principal Occupation<br><b>Real Estate Sales</b>                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | Name of Employer<br><b>Re/Max Right Choice</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>06/14/2026</b> | Aggregate Contributions<br><b>\$250.00</b> | <b>\$250.00</b>                  |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>mangini</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>cynthia</b>                                                                                                                     |                                    | MI                                        | Contribution ID #<br><b>1995</b> |
| Residential Street Address<br><b>32 Glendale Rd</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>Enfield</b>                                                                                                                      |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06082</b>         |
| Principal Occupation<br><b>Realtor</b>                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | Name of Employer<br><b>C21 Allpoints</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>06/14/2026</b> | Aggregate Contributions<br><b>\$52.40</b> | <b>\$52.40</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Cunningham</b>                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                | First<br><b>Neal</b>                                                                                                                        |                                    | MI                                         | Contribution ID #<br><b>1996</b> |
| Residential Street Address<br><b>61 Pershing Rd</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>Windsor Locks</b>                                                                                                                |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06096</b>         |
| Principal Occupation<br><b>Systems Manager</b>                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                | Name of Employer<br><b>BesCut</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>06142026I</b>                                                                                                                                | 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>06/14/2026</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Frenaye</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Tom</b>                                                                                                                         |                                    | MI                                         | Contribution ID #<br><b>1997</b> |
| Residential Street Address<br><b>489 Warnertown Rd</b>                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | City<br><b>West Suffield</b>                                                                                                                |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06093</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>06/14/2026</b> | Aggregate Contributions<br><b>\$150.00</b> | <b>\$150.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Tucker-Dillon</b>                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | First<br><b>Heidi</b>                                                                                                                       |                                    | MI                                        | Contribution ID #<br><b>1998</b> |
| Residential Street Address<br><b>141 Wynwood Dr</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>Enfield</b>                                                                                                                      |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06082</b>         |
| Principal Occupation<br><b>Tax Collector</b>                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | Name of Employer<br><b>Town of East Granby</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>06/14/2026</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            |
|-------------------------------------------------------------------------|---------------------------|
| Bysiewicz for CT                                                        | July 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Martin</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Pamela</b>                                                                                                                      |                                    | MI                                        | Contribution ID #<br><b>1999</b> |
| Residential Street Address<br><b>10 Hillcrest Rd</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br><b>East Granby</b>                                                                                                                  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06026</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>06/14/2026</b> | Aggregate Contributions<br><b>\$26.35</b> | <b>\$26.35</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Cekala</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Gina</b>                                                                                                                        |                                    | MI                                        | Contribution ID #<br><b>2000</b> |
| Residential Street Address<br><b>2 Grand View Dr</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br><b>Enfield</b>                                                                                                                      |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06082</b>         |
| Principal Occupation<br><b>Attorney</b>                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | Name of Employer<br><b>Commonwealth of Massachusetts</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>06/14/2026</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Anderson</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | First<br><b>Keisha</b>                                                                                                                      |                                    | MI                                         | Contribution ID #<br><b>2001</b> |
| Residential Street Address<br><b>33 Filley St</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | City<br><b>Bloomfield</b>                                                                                                                   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06002</b>         |
| Principal Occupation<br><b>Farmer</b>                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | Name of Employer<br><b>Country Garden Oasis</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>06/14/2026</b> | Aggregate Contributions<br><b>\$156.56</b> | <b>\$156.56</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Bakowski</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | First<br><b>Jennifer</b>                                                                                                                    |                                    | MI                                         | Contribution ID #<br><b>2002</b> |
| Residential Street Address<br><b>2 Jefferson St</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>Enfield</b>                                                                                                                      |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06082</b>         |
| Principal Occupation<br><b>IT Analyst</b>                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | Name of Employer<br><b>Munichre</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>06142026I</b>                                                                                                                                | 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>06/14/2026</b> | Aggregate Contributions<br><b>\$150.00</b> | <b>\$150.00</b>                  |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Kiner</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>David</b>                                                                                                                       |                                    | MI                                         | Contribution ID #<br><b>2003</b> |
| Residential Street Address<br><b>100 King Rd</b>                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | City<br><b>Somers</b>                                                                                                                       |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06071</b>         |
| Principal Occupation<br><b>Executive Director</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | Name of Employer<br><b>ERfC</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>06142026I</b>                                                                                                                                | 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>06/14/2026</b> | Aggregate Contributions<br><b>\$200.00</b> | <b>\$100.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Anderson</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | First<br><b>Ricardo</b>                                                                                                                     |                                    | MI                                         | Contribution ID #<br><b>2004</b> |
| Residential Street Address<br><b>33 Filley St</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | City<br><b>Bloomfield</b>                                                                                                                   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06002</b>         |
| Principal Occupation<br><b>Owner</b>                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | Name of Employer<br><b>Oxford home care</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>06/14/2026</b> | Aggregate Contributions<br><b>\$156.56</b> | <b>\$156.56</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>O'Connor</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | First<br><b>Brian</b>                                                                                                                       |                                    | MI                                         | Contribution ID #<br><b>2005</b> |
| Residential Street Address<br><b>41 Brighton Dr</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>East Granby</b>                                                                                                                  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06026</b>         |
| Principal Occupation<br><b>Photographer</b>                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | Name of Employer<br><b>State of Connecticut</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>06142026I</b>                                                                                                                                | 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>06/14/2026</b> | Aggregate Contributions<br><b>\$104.48</b> | <b>\$104.48</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Graves</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Ian</b>                                                                                                                         |                                    | MI                                        | Contribution ID #<br><b>2006</b> |
| Residential Street Address<br><b>21 N Maple St</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | City<br><b>Enfield</b>                                                                                                                      |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06082</b>         |
| Principal Occupation<br><b>Field Director</b>                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | Name of Employer<br><b>Courtney for Congress</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>06/14/2026</b> | Aggregate Contributions<br><b>\$26.35</b> | <b>\$26.35</b>                   |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Armstrong</b>                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | First<br><b>Mary</b>                                                                                                                        |                                    | MI<br><b>L</b>                            | Contribution ID #<br><b>2007</b> |
| Residential Street Address<br><b>69 Pine Lane Ext .</b>                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | City<br><b>Windsor</b>                                                                                                                      |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06095</b>         |
| Principal Occupation<br><b>Retired STCT</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>06142026I</b>                                                                                                                                | 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>06/14/2026</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Cooper</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Cynthia</b>                                                                                                                     |                                    | MI<br><b>B</b>                             | Contribution ID #<br><b>2008</b> |
| Residential Street Address<br><b>287 S Elm St</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | City<br><b>Windsor Locks</b>                                                                                                                |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06096</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>06142026I</b>                                                                                                                                | 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>06/14/2026</b> | Aggregate Contributions<br><b>\$204.48</b> | <b>\$100.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Garibay</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Jane</b>                                                                                                                        |                                    | MI<br><b>M</b>                             | Contribution ID #<br><b>2009</b> |
| Residential Street Address<br><b>409 Broad St</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | City<br><b>Windsor</b>                                                                                                                      |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06095</b>         |
| Principal Occupation<br><b>Legislator</b>                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | Name of Employer<br><b>State of Connecticut</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>06142026I</b>                                                                                                                                | 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>06/14/2026</b> | Aggregate Contributions<br><b>\$304.48</b> | <b>\$200.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Gilmartin</b>                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | First<br><b>Greg</b>                                                                                                                        |                                    | MI<br><b>T</b>                             | Contribution ID #<br><b>2010</b> |
| Residential Street Address<br><b>85 Oswegatchie Rd</b>                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | City<br><b>Waterford</b>                                                                                                                    |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06385</b>         |
| Principal Occupation<br><b>Writer</b>                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | Name of Employer<br><b>Greg Gilmartin Books</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>06142026I</b>                                                                                                                                | 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>06/14/2026</b> | Aggregate Contributions<br><b>\$500.00</b> | <b>\$500.00</b>                  |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Osorio                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | First<br>Alba                                                                                                                               |                             | MI<br>N                             | Contribution ID #<br>2011 |
| Residential Street Address<br>31 Meg Way                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | City<br>Windsor Locks                                                                                                                       |                             | State<br>CT                         | Zip Code<br>06096         |
| Principal Occupation<br>Teacher                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Name of Employer<br>Vernon Board of Education                                                                                               |                             |                                     |                           |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>06142026I</u>                                                                                                                                | 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>06/14/2026 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Seavy                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | First<br>Charmaine                                                                                                                          |                             | MI<br>L                             | Contribution ID #<br>2012 |
| Residential Street Address<br>18 Quarry Rd                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | City<br>Simsbury                                                                                                                            |                             | State<br>CT                         | Zip Code<br>06070         |
| Principal Occupation<br>Advertising                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | Name of Employer<br>CU Media Inc                                                                                                            |                             |                                     |                           |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>06142026I</u>                                                                                                                                | 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>06/14/2026 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Scaramuzzo                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | First<br>Joseph                                                                                                                             |                             | MI                                  | Contribution ID #<br>2013 |
| Residential Street Address<br>210 Dogwood Ln                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | City<br>Meriden                                                                                                                             |                             | State<br>CT                         | Zip Code                  |
| Principal Occupation<br>IT Manager                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | Name of Employer<br>Eversource                                                                                                              |                             |                                     |                           |
| 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>\$104.48 | \$104.48                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Osborne                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | First<br>Melissa                                                                                                                            |                             | MI                                  | Contribution ID #<br>2014 |
| Residential Street Address<br>44 Sand Hill Rd                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | City<br>Weatogue                                                                                                                            |                             | State<br>CT                         | Zip Code<br>06089         |
| Principal Occupation<br>State Rep / Atty                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | Name of Employer<br>CT General Assembly/ Osborne Law                                                                                        |                             |                                     |                           |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>06172026J</u>                                                                                                                                | 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>\$320.00 | \$320.00                  |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                              |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------|----------------------------------|
| Last Name<br><b>Alam</b>                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | First<br><b>Nurul</b>                                                                                                                       |                                    | MI                                           | Contribution ID #<br><b>2015</b> |
| Residential Street Address<br><b>5 Liberty HI</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | City<br><b>Wethersfield</b>                                                                                                                 |                                    | State<br><b>CT</b>                           | Zip Code<br><b>06109</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>06102026H</b>                                                                                                                                | 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>06/16/2026</b> | Aggregate Contributions<br><b>\$2,041.98</b> | <b>\$1,000.00</b>                |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                              |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------|----------------------------------|
| Last Name<br><b>Simmons</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Eileen</b>                                                                                                                      |                                    | MI                                           | Contribution ID #<br><b>2016</b> |
| Residential Street Address<br><b>66 Winding Ln</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | City<br><b>Greenwich</b>                                                                                                                    |                                    | State<br><b>CT</b>                           | Zip Code<br><b>06831</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>06/16/2026</b> | Aggregate Contributions<br><b>\$2,000.00</b> | <b>\$2,000.00</b>                |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Smith</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>Claudia</b>                                                                                                                     |                                    | MI                                        | Contribution ID #<br><b>2017</b> |
| Residential Street Address<br><b>562 Baldwin Ave Unit 5</b>                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | City<br><b>Meriden</b>                                                                                                                      |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06450</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>06/16/2026</b> | Aggregate Contributions<br><b>\$78.44</b> | <b>\$78.44</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>MORGANTI</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | First<br><b>JANET</b>                                                                                                                       |                                    | MI                                        | Contribution ID #<br><b>2018</b> |
| Residential Street Address<br><b>178R Skeet Club Rd</b>                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | City<br><b>Durham</b>                                                                                                                       |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06422</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>06/16/2026</b> | Aggregate Contributions<br><b>\$26.35</b> | <b>\$26.35</b>                   |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Rodriguez</b>                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | First<br><b>Sergio</b>                                                                                                                      |                                    | MI                                        | Contribution ID #<br><b>2019</b> |
| Residential Street Address<br><b>142 Judwin Ave</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>New Haven</b>                                                                                                                    |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06515</b>         |
| Principal Occupation<br><b>Parole panel member board of pardons and paroles</b>                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Name of Employer<br><b>State of CT</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>06/16/2026</b> | Aggregate Contributions<br><b>\$52.40</b> | <b>\$52.40</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>CHILDERS</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | First<br><b>Ernest</b>                                                                                                                      |                                    | MI                                         | Contribution ID #<br><b>2020</b> |
| Residential Street Address<br><b>37 Valley View Dr</b>                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | City<br><b>Wallingford</b>                                                                                                                  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06492</b>         |
| Principal Occupation<br><b>Driver</b>                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | Name of Employer<br><b>Benhaven</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>06172026J</b>                                                                                                                                | 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>06/16/2026</b> | Aggregate Contributions<br><b>\$104.48</b> | <b>\$104.48</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Freiser</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Jeffrey</b>                                                                                                                     |                                    | MI                                        | Contribution ID #<br><b>2021</b> |
| Residential Street Address<br><b>247 Natchaug Dr</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br><b>Meriden</b>                                                                                                                      |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06450</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>06/16/2026</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Rosati Randall</b>                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | First<br><b>Christine</b>                                                                                                                   |                                    | MI                                        | Contribution ID #<br><b>2022</b> |
| Residential Street Address<br><b>15 Luzon Ave</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | City<br><b>Dayville</b>                                                                                                                     |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06241</b>         |
| Principal Occupation<br><b>Independent Contractor</b>                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | Name of Employer<br><b>Christine Rosati Randall</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>06/16/2026</b> | Aggregate Contributions<br><b>\$26.35</b> | <b>\$26.35</b>                   |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Lefakis</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Nicles</b>                                                                                                                      |                                    | MI                                         | Contribution ID #<br><b>2023</b> |
| Residential Street Address<br><b>20 D'Annunzio Ave</b>                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | City<br><b>Enfield</b>                                                                                                                      |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06082</b>         |
| Principal Occupation<br><b>College Professor</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>06/16/2026</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                              |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------|----------------------------------|
| Last Name<br><b>Troiano</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Frank</b>                                                                                                                       |                                    | MI                                           | Contribution ID #<br><b>2024</b> |
| Residential Street Address<br><b>1408 Enfield St</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br><b>Enfield</b>                                                                                                                      |                                    | State<br><b>CT</b>                           | Zip Code<br><b>06082</b>         |
| Principal Occupation<br><b>Real Estate Professional</b>                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | Name of Employer<br><b>Anthony Troiano and Sons, Inc.</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>06/17/2026</b> | Aggregate Contributions<br><b>\$1,041.98</b> | <b>\$1,041.98</b>                |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Linnekin</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | First<br><b>Jocelyn</b>                                                                                                                     |                                    | MI                                         | Contribution ID #<br><b>2025</b> |
| Residential Street Address<br><b>157 Curtis St</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | City<br><b>Meriden</b>                                                                                                                      |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06450</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>06/17/2026</b> | Aggregate Contributions<br><b>\$104.48</b> | <b>\$104.48</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                              |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------|----------------------------------|
| Last Name<br><b>Lauderdale</b>                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                | First<br><b>Valerie</b>                                                                                                                     |                                    | MI                                           | Contribution ID #<br><b>2026</b> |
| Residential Street Address<br><b>230 N Serenata Dr # 731</b>                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | City<br><b>Ponte Vedra Beach</b>                                                                                                            |                                    | State<br><b>FL</b>                           | Zip Code<br><b>32082</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>06/17/2026</b> | Aggregate Contributions<br><b>\$1,000.00</b> | <b>\$1,000.00</b>                |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Thakkar</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Bimal</b>                                                                                                                       |                                    | MI                                         | Contribution ID #<br><b>2027</b> |
| Residential Street Address<br><b>42 Saremee Cir</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>Trumbull</b>                                                                                                                     |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06611</b>         |
| Principal Occupation<br><b>executive</b>                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | Name of Employer<br><b>BNBH, Inc.</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>06/17/2026</b> | Aggregate Contributions<br><b>\$250.00</b> | <b>\$250.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                              |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------|----------------------------------|
| Last Name<br><b>Becker</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Robert</b>                                                                                                                      |                                    | MI                                           | Contribution ID #<br><b>2028</b> |
| Residential Street Address<br><b>99 Blackwood Ln</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br><b>Stamford</b>                                                                                                                     |                                    | State<br><b>CT</b>                           | Zip Code<br><b>06903</b>         |
| Principal Occupation<br><b>Practice Manager</b>                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Name of Employer<br><b>Butler Tibbetts</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>06/17/2026</b> | Aggregate Contributions<br><b>\$2,000.00</b> | <b>\$2,000.00</b>                |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Taylor</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>William</b>                                                                                                                     |                                    | MI                                        | Contribution ID #<br><b>2029</b> |
| Residential Street Address<br><b>41 Washington Ave</b>                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | City<br><b>Meriden</b>                                                                                                                      |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06451</b>         |
| Principal Occupation<br><b>Legislative and Administrative Advisor</b>                                                                                                                                                                                                                                                |                                                                                                                                                                                                | Name of Employer<br><b>State of CT</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>06/17/2026</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Taylor</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Sarah</b>                                                                                                                       |                                    | MI                                        | Contribution ID #<br><b>2030</b> |
| Residential Street Address<br><b>41 Washington Ave</b>                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | City<br><b>Meriden</b>                                                                                                                      |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06451</b>         |
| Principal Occupation<br><b>Teacher</b>                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | Name of Employer<br><b>Naugatuck Board of Ed</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>06/17/2026</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            |
|-------------------------------------------------------------------------|---------------------------|
| Bysiewicz for CT                                                        | July 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Zartman</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Justin</b>                                                                                                                      |                                    | MI                                         | Contribution ID #<br><b>2031</b> |
| Residential Street Address<br><b>158 Hillcrest Ter</b>                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | City<br><b>Meriden</b>                                                                                                                      |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06450</b>         |
| Principal Occupation<br><b>Lawyer</b>                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | Name of Employer<br><b>CT Education Association</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>06/17/2026</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Reynolds</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | First<br><b>Jesse</b>                                                                                                                       |                                    | MI                                        | Contribution ID #<br><b>2032</b> |
| Residential Street Address<br><b>850 Old Durham Rd</b>                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | City<br><b>Wallingford</b>                                                                                                                  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06492</b>         |
| Principal Occupation<br><b>Biostatistician</b>                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                | Name of Employer<br><b>Yale University</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>06/17/2026</b> | Aggregate Contributions<br><b>\$52.40</b> | <b>\$52.40</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Scarpati</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | First<br><b>Kevin</b>                                                                                                                       |                                    | MI                                         | Contribution ID #<br><b>2033</b> |
| Residential Street Address<br><b>28 Westerly Ter</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br><b>Meriden</b>                                                                                                                      |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06451</b>         |
| Principal Occupation<br><b>Director of Sales</b>                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | Name of Employer<br><b>Thompson Chocolatiere</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b><u>061720261</u></b>                                                                                                                         | 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>06/17/2026</b> | Aggregate Contributions<br><b>\$500.00</b> | <b>\$500.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Gersten</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Sandra</b>                                                                                                                      |                                    | MI                                         | Contribution ID #<br><b>2034</b> |
| Residential Street Address<br><b>90 Pioneer Dr</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | City<br><b>West Hartford</b>                                                                                                                |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06117</b>         |
| Principal Occupation<br><b>Attorney</b>                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | Name of Employer<br><b>Gersten Law Offices</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>06/17/2026</b> | Aggregate Contributions<br><b>\$200.00</b> | <b>\$200.00</b>                  |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Black-Burke</b>                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | First<br><b>Nuchette</b>                                                                                                                    |                                    | MI                                         | Contribution ID #<br><b>2035</b> |
| Residential Street Address<br><b>41 Pierce Blvd</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>Windsor</b>                                                                                                                      |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06095</b>         |
| Principal Occupation<br><b>Administration</b>                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | Name of Employer<br><b>CREC</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>06012026G</b>                                                                                                                                | 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>06/17/2026</b> | Aggregate Contributions<br><b>\$104.48</b> | <b>\$104.48</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Hallisey</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | First<br><b>Matthew</b>                                                                                                                     |                                    | MI                                        | Contribution ID #<br><b>2036</b> |
| Residential Street Address<br><b>13 Stancliff Rd</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br><b>Glastonbury</b>                                                                                                                  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Lobbyist</b>                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | Name of Employer<br><b>Matthew Hallisey Government Affairs, 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 checked="" type="checkbox"/> Yes <input 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>06/17/2026</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Quinn</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>Michael</b>                                                                                                                     |                                    | MI                                         | Contribution ID #<br><b>2037</b> |
| Residential Street Address<br><b>47 Beth Ann Cir</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br><b>Meriden</b>                                                                                                                      |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06450</b>         |
| Principal Occupation<br><b>Attorney</b>                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | Name of Employer<br><b>Mahon, Quinn &amp; Mahon, 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>06172026J</b>                                                                                                                                | 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>06/17/2026</b> | Aggregate Contributions<br><b>\$510.73</b> | <b>\$260.73</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Ostrinski</b>                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | First<br><b>Gregory</b>                                                                                                                     |                                    | MI                                        | Contribution ID #<br><b>2038</b> |
| Residential Street Address<br><b>267 Audubon Ave</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br><b>Newington</b>                                                                                                                    |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06111</b>         |
| Principal Occupation<br><b>Associate Project Manager</b>                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | Name of Employer<br><b>Apex Companies</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>06/17/2026</b> | Aggregate Contributions<br><b>\$78.44</b> | <b>\$78.44</b>                   |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Shaw</b>                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | First<br><b>Keith</b>                                                                                                                       |                                    | MI                                         | Contribution ID #<br><b>2039</b> |
| Residential Street Address<br><b>71 Imperial Dr</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>Glastonbury</b>                                                                                                                  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Attorney</b>                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | Name of Employer<br><b>Law Office of Keith S. Shaw, 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>06/17/2026</b> | Aggregate Contributions<br><b>\$521.15</b> | <b>\$521.15</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>MISNER</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Kirsten</b>                                                                                                                     |                                    | MI                                         | Contribution ID #<br><b>2040</b> |
| Residential Street Address<br><b>138 Columbus Ave</b>                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | City<br><b>Meriden</b>                                                                                                                      |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06451</b>         |
| Principal Occupation<br><b>Compliance Director</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | Name of Employer<br><b>Travelers</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>06172026J</b>                                                                                                                                | 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>06/17/2026</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Castro</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Miguel</b>                                                                                                                      |                                    | MI                                         | Contribution ID #<br><b>2041</b> |
| Residential Street Address<br><b>51 Bradley Ave</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>Meriden</b>                                                                                                                      |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06451</b>         |
| Principal Occupation<br><b>Principal owner</b>                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                | Name of Employer<br><b>Prestige Construction</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>06172026J</b>                                                                                                                                | 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>06/17/2026</b> | Aggregate Contributions<br><b>\$476.35</b> | <b>\$250.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Mushinsky</b>                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | First<br><b>Mary</b>                                                                                                                        |                                    | MI                                        | Contribution ID #<br><b>2042</b> |
| Residential Street Address<br><b>188 S Cherry St</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br><b>Wallingford</b>                                                                                                                  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06492</b>         |
| Principal Occupation<br><b>Legislator</b>                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | Name of Employer<br><b>State of CT</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>06172026J</b>                                                                                                                                | 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>06/17/2026</b> | Aggregate Contributions<br><b>\$41.98</b> | <b>\$41.98</b>                   |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Cortez</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Yvette</b>                                                                                                                      |                                    | MI                                        | Contribution ID #<br><b>2043</b> |
| Residential Street Address<br><b>67 Lambert Ave</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>Meriden</b>                                                                                                                      |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06451</b>         |
| Principal Occupation<br><b>Social Worker</b>                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | Name of Employer<br><b>State of CT</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>06/17/2026</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                              |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------|----------------------------------|
| Last Name<br><b>Altieri</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Maria</b>                                                                                                                       |                                    | MI                                           | Contribution ID #<br><b>2044</b> |
| Residential Street Address<br><b>3200 Park Ave Unit 3B2</b>                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | City<br><b>Bridgeport</b>                                                                                                                   |                                    | State<br><b>CT</b>                           | Zip Code                         |
| Principal Occupation<br><b>General Counsel</b>                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                | Name of Employer<br><b>Brain Tunnelgenix Technologies Corp</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>06/17/2026</b> | Aggregate Contributions<br><b>\$1,041.98</b> | <b>\$1,041.98</b>                |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Arroyo</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Branddon</b>                                                                                                                    |                                    | MI<br><b>G</b>                            | Contribution ID #<br><b>2045</b> |
| Residential Street Address<br><b>234 Sherman Ave # 25C</b>                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | City<br><b>Meriden</b>                                                                                                                      |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06450</b>         |
| Principal Occupation<br><b>Medical Courier</b>                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                | Name of Employer<br><b>Courier Express Inc</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>061720261</b>                                                                                                                                | 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>06/17/2026</b> | Aggregate Contributions<br><b>\$20.00</b> | <b>\$20.00</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Fontanella</b>                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                | First<br><b>Bruce</b>                                                                                                                       |                                    | MI<br><b>A</b>                             | Contribution ID #<br><b>2046</b> |
| Residential Street Address<br><b>161 Natchaug Dr</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br><b>Meriden</b>                                                                                                                      |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06450</b>         |
| Principal Occupation<br><b>Attorney</b>                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | Name of Employer<br><b>Law Office Of Bruce A. Fontanella 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 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>06/17/2026</b> | Aggregate Contributions<br><b>\$600.00</b> | <b>\$100.00</b>                  |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Menna-Erdmann</b>                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | First<br><b>Emilia</b>                                                                                                                      |                                    | MI                                        | Contribution ID #<br><b>2047</b> |
| Residential Street Address<br><b>7 Mary Ann Ln</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | City<br><b>Wallingford</b>                                                                                                                  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06492</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>061720261</b>                                                                                                                                | 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>06/17/2026</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Rivera</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Carmen</b>                                                                                                                      |                                    | MI                                        | Contribution ID #<br><b>2048</b> |
| Residential Street Address<br><b>72 Hitchcock Dr</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br><b>Meriden</b>                                                                                                                      |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06450</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>061720261</b>                                                                                                                                | 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>06/17/2026</b> | Aggregate Contributions<br><b>\$25.00</b> | <b>\$25.00</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Rivera</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Felix</b>                                                                                                                       |                                    | MI                                        | Contribution ID #<br><b>2049</b> |
| Residential Street Address<br><b>72 Hitchcock Dr</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br><b>Meriden</b>                                                                                                                      |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06450</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>061720261</b>                                                                                                                                | 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>06/17/2026</b> | Aggregate Contributions<br><b>\$25.00</b> | <b>\$25.00</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Rosa</b>                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | First<br><b>Isabel</b>                                                                                                                      |                                    | MI                                        | Contribution ID #<br><b>2050</b> |
| Residential Street Address<br><b>143 Elm St Fl 2</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br><b>Meriden</b>                                                                                                                      |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06450</b>         |
| Principal Occupation<br><b>Medical Administrative Assistant</b>                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Name of Employer<br><b>Hartford Healthcare</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>061720261</b>                                                                                                                                | 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>06/17/2026</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            |
|-------------------------------------------------------------------------|---------------------------|
| Bysiewicz for CT                                                        | July 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                       |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|---------------------------------------|---------------------------|
| Last Name<br>Russell                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | First<br>Philip                                                                                                                             |                             | MI<br>D                               | Contribution ID #<br>2051 |
| Residential Street Address<br>421 Ocean Dr W                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | City<br>Stamford                                                                                                                            |                             | State<br>CT                           | Zip Code<br>06902         |
| Principal Occupation<br>Attorney                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | Name of Employer<br>Philip Russell, LLC                                                                                                     |                             |                                       |                           |
| 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>06/17/2026 | Aggregate Contributions<br>\$1,000.00 | \$1,000.00                |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Santiago                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | First<br>Hilda                                                                                                                              |                             | MI<br>E                             | Contribution ID #<br>2052 |
| Residential Street Address<br>86 South Ave                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | City<br>Meriden                                                                                                                             |                             | State<br>CT                         | Zip Code<br>06451         |
| Principal Occupation<br>Legislator                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | Name of Employer<br>State of Connecticut                                                                                                    |                             |                                     |                           |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>06172026J</u>                                                                                                                                | 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>06/17/2026 | Aggregate Contributions<br>\$204.48 | \$100.00                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Rossacci                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | First<br>Melanie                                                                                                                            |                             | MI                                  | Contribution ID #<br>2053 |
| Residential Street Address<br>9 Platt Dr                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | City<br>Wallingford                                                                                                                         |                             | State<br>CT                         | Zip Code<br>06492         |
| Principal Occupation<br>Senior Management Consultant                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | Name of Employer<br>Accenture                                                                                                               |                             |                                     |                           |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>06172026J</u>                                                                                                                                | 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>06/18/2026 | Aggregate Contributions<br>\$320.00 | \$320.00                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                       |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|---------------------------------------|---------------------------|
| Last Name<br>Perez                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | First<br>Frank                                                                                                                              |                             | MI                                    | Contribution ID #<br>2054 |
| Residential Street Address<br>20 Prestige Pl                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | City<br>Monroe                                                                                                                              |                             | State<br>CT                           | Zip Code<br>06468         |
| Principal Occupation<br>VP of Operations                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | Name of Employer<br>SMG Corporate Services                                                                                                  |                             |                                       |                           |
| 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>06/18/2026 | Aggregate Contributions<br>\$2,000.00 | \$2,000.00                |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Clements</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | First<br><b>Marilyn</b>                                                                                                                     |                                    | MI                                         | Contribution ID #<br><b>2055</b> |
| Residential Street Address<br><b>104 Wallacks Dr</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br><b>Stamford</b>                                                                                                                     |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06902</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>06/18/2026</b> | Aggregate Contributions<br><b>\$521.15</b> | <b>\$521.15</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Dinardo</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Nancy</b>                                                                                                                       |                                    | MI                                         | Contribution ID #<br><b>2056</b> |
| Residential Street Address<br><b>61 Suzanne Cir</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>06/18/2026</b> | Aggregate Contributions<br><b>\$250.00</b> | <b>\$250.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Smith</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>Peter</b>                                                                                                                       |                                    | MI                                         | Contribution ID #<br><b>2057</b> |
| Residential Street Address<br><b>65 Old Field Ln</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br><b>Milford</b>                                                                                                                      |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06460</b>         |
| Principal Occupation<br><b>City Clerk</b>                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | Name of Employer<br><b>City of Milford</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b><u>05172026A</u></b>                                                                                                                         | 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>06/18/2026</b> | Aggregate Contributions<br><b>\$250.00</b> | <b>\$250.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Osora</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>Mark</b>                                                                                                                        |                                    | MI                                         | Contribution ID #<br><b>2058</b> |
| Residential Street Address<br><b>42 Highland Ter</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br><b>Madison</b>                                                                                                                      |                                    | State<br><b>CT</b>                         | Zip Code                         |
| Principal Occupation<br><b>CPA</b>                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | Name of Employer<br><b>SRC CPAs</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b><u>05172026B</u></b>                                                                                                                         | 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>06/18/2026</b> | Aggregate Contributions<br><b>\$500.00</b> | <b>\$500.00</b>                  |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Amann</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>Jim</b>                                                                                                                         |                                    | MI                                         | Contribution ID #<br><b>2059</b> |
| Residential Street Address<br><b>515 Popes Island Rd</b>                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | City<br><b>Milford</b>                                                                                                                      |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06461</b>         |
| Principal Occupation<br><b>Lobbyist</b>                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | Name of Employer<br><b>International Government Strategies</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 checked="" type="checkbox"/> Yes <input 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>06/18/2026</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>McCoid</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Charlotte</b>                                                                                                                   |                                    | MI                                         | Contribution ID #<br><b>2060</b> |
| Residential Street Address<br><b>626 East St</b>                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | City<br><b>Middletown</b>                                                                                                                   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06457</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>06/18/2026</b> | Aggregate Contributions<br><b>\$250.00</b> | <b>\$250.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                              |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------|----------------------------------|
| Last Name<br><b>Luddy</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>John</b>                                                                                                                        |                                    | MI                                           | Contribution ID #<br><b>2061</b> |
| Residential Street Address<br><b>1557 Kensington Rd</b>                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | City<br><b>Kensington</b>                                                                                                                   |                                    | State<br><b>CT</b>                           | Zip Code<br><b>06037</b>         |
| Principal Occupation<br><b>Svp</b>                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | Name of Employer<br><b>Supreme lending</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>06/18/2026</b> | Aggregate Contributions<br><b>\$1,000.00</b> | <b>\$1,000.00</b>                |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Marino</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Anthony</b>                                                                                                                     |                                    | MI                                         | Contribution ID #<br><b>2062</b> |
| Residential Street Address<br><b>334 Fairview Rd</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br><b>Westbrook</b>                                                                                                                    |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06498</b>         |
| Principal Occupation<br><b>Executive Director</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | Name of Employer<br><b>The Rockfall Foundation</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>06/18/2026</b> | Aggregate Contributions<br><b>\$250.00</b> | <b>\$250.00</b>                  |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Krumeich                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | First<br>Elizabeth                                                                                                                          |                             | MI                                  | Contribution ID #<br>2063 |
| Residential Street Address<br>16 Perryridge Rd                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                | City<br>Greenwich                                                                                                                           |                             | State<br>CT                         | Zip Code<br>06830         |
| 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>06/18/2026 | Aggregate Contributions<br>\$130.83 | \$104.48                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Guminiak                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | First<br>Gary                                                                                                                               |                             | MI<br>J                             | Contribution ID #<br>2064 |
| Residential Street Address<br>969 North St                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | City<br>Suffield                                                                                                                            |                             | State<br>CT                         | Zip Code<br>06078         |
| 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>06/18/2026 | Aggregate Contributions<br>\$250.00 | \$250.00                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                       |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|---------------------------------------|---------------------------|
| Last Name<br>Butler                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | First<br>Timothy                                                                                                                            |                             | MI                                    | Contribution ID #<br>2065 |
| Residential Street Address<br>99 Blackwood Ln                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | City<br>Stamford                                                                                                                            |                             | State<br>CT                           | Zip Code<br>06903         |
| Principal Occupation<br>Attorney                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | Name of Employer<br>Butler Tibbetts, LLC                                                                                                    |                             |                                       |                           |
| 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>06/19/2026 | Aggregate Contributions<br>\$2,000.00 | \$2,000.00                |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                       |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|---------------------------------------|---------------------------|
| Last Name<br>Nielsen                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | First<br>Mark                                                                                                                               |                             | MI                                    | Contribution ID #<br>2066 |
| Residential Street Address<br>3 Parley Ln                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | City<br>Ridgefield                                                                                                                          |                             | State<br>CT                           | Zip Code<br>06877         |
| Principal Occupation<br>attorney                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | Name of Employer<br>Day Pitney LLP                                                                                                          |                             |                                       |                           |
| 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>06/19/2026 | Aggregate Contributions<br>\$2,000.00 | \$2,000.00                |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Cunningham                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | First<br>Michelle                                                                                                                           |                             | MI                                  | Contribution ID #<br>2067 |
| Residential Street Address<br>41 Liska Rd                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | City<br>Wilmington                                                                                                                          |                             | State<br>CT                         | Zip Code<br>06279         |
| 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>06/19/2026 | Aggregate Contributions<br>\$250.00 | \$250.00                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                    |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>sarno                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | First<br>kathleen                                                                                                                           |                             | MI                                 | Contribution ID #<br>2068 |
| Residential Street Address<br>102 N Maple St Unit 6B                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br>Enfield                                                                                                                             |                             | State<br>CT                        | Zip Code<br>06082         |
| Principal Occupation<br>Realtor                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Name of Employer<br>Naples 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>06/19/2026 | Aggregate Contributions<br>\$26.35 | \$26.35                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                       |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|---------------------------------------|---------------------------|
| Last Name<br>Nooyi                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | First<br>Indra                                                                                                                              |                             | MI                                    | Contribution ID #<br>2069 |
| Residential Street Address<br>12 Deer Ln                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | City<br>Greenwich                                                                                                                           |                             | State<br>CT                           | Zip Code<br>06830         |
| Principal Occupation<br>Partner                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Name of Employer<br>PreeTara LLC                                                                                                            |                             |                                       |                           |
| 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>06/19/2026 | Aggregate Contributions<br>\$1,979.48 | \$1,979.48                |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                    |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>Berigan                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | First<br>Jennifer                                                                                                                           |                             | MI                                 | Contribution ID #<br>2070 |
| Residential Street Address<br>31 Carleton Rd                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | City<br>West Hartford                                                                                                                       |                             | State<br>CT                        | Zip Code<br>06107         |
| Principal Occupation<br>Policy & Political Director                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | Name of Employer<br>Connecticut Laborers' District Council                                                                                  |                             |                                    |                           |
| 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 checked="" type="checkbox"/> Yes <input 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>06/19/2026 | Aggregate Contributions<br>\$50.00 | \$50.00                   |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                |                                                                                                                                             |                                     |                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|---------------------------------------|
| Last Name<br>Glassman                                                                                                                                                                                                                                                                                                |  | First<br>Kimberly                                                                                                                                                                              |                                                                                                                                             | MI                                  | Contribution ID #<br>2071             |
| Residential Street Address<br>324 Old Mill Rd                                                                                                                                                                                                                                                                        |  | City<br>Middletown                                                                                                                                                                             |                                                                                                                                             | State<br>CT                         | Zip Code<br>06457                     |
| Principal Occupation<br>Director of Compliance and Gov <sup>â</sup> nt Affairs                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                | Name of Employer<br>Operating Engineers Local 478                                                                                           |                                     |                                       |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                     | Amount of Contribution<br><br>\$52.40 |
| 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>06/19/2026         |                                       |
|                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                |                                                                                                                                             | Aggregate Contributions<br>\$102.40 |                                       |

|                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------------------|
| Last Name<br>Schorer                                                                                                                                                                                                                                                                                                 |  | First<br>Marianne                                                                                                                                                                              |                                                                                                                                             | MI                                 | Contribution ID #<br>2072             |
| Residential Street Address<br>224 W Lyon Farm Dr                                                                                                                                                                                                                                                                     |  | City<br>Greenwich                                                                                                                                                                              |                                                                                                                                             | State<br>CT                        | Zip Code<br>06831                     |
| 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>\$52.40 |
| 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>06/19/2026        |                                       |
|                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                |                                                                                                                                             | Aggregate Contributions<br>\$52.40 |                                       |

|                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                |                                                                                                                                             |                                     |                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------|
| Last Name<br>Malone                                                                                                                                                                                                                                                                                                  |  | First<br>Jude                                                                                                                                                                                  |                                                                                                                                             | MI                                  | Contribution ID #<br>2073              |
| Residential Street Address<br>200 River Rd                                                                                                                                                                                                                                                                           |  | City<br>Mystic                                                                                                                                                                                 |                                                                                                                                             | State<br>CT                         | Zip Code<br>06355                      |
| Principal Occupation<br>Government Affairs                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                | Name of Employer<br>CT Beer Wholesalers Association                                                                                         |                                     |                                        |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                     | Amount of Contribution<br><br>\$100.00 |
| 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>06/19/2026         |                                        |
|                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                |                                                                                                                                             | Aggregate Contributions<br>\$100.00 |                                        |

|                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                |                                                                                                                                             |                                     |                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------|
| Last Name<br>Cronin Hughes                                                                                                                                                                                                                                                                                           |  | First<br>Jean                                                                                                                                                                                  |                                                                                                                                             | MI                                  | Contribution ID #<br>2074              |
| Residential Street Address<br>88 Sheffield St                                                                                                                                                                                                                                                                        |  | City<br>Old Saybrook                                                                                                                                                                           |                                                                                                                                             | State<br>CT                         | Zip Code<br>06475                      |
| Principal Occupation<br>Lobbyist                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                | Name of Employer<br>Hughes & Cronin Public Affairs Strategies                                                                               |                                     |                                        |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                     | Amount of Contribution<br><br>\$100.00 |
| 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>06/19/2026         |                                        |
|                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                |                                                                                                                                             | Aggregate Contributions<br>\$200.00 |                                        |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                              |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------|----------------------------------|
| Last Name<br><b>Sinnappen</b>                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | First<br><b>Dass</b>                                                                                                                        |                                    | MI                                           | Contribution ID #<br><b>2075</b> |
| Residential Street Address<br><b>427 Kelsey St</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | City<br><b>Middletown</b>                                                                                                                   |                                    | State<br><b>CT</b>                           | Zip Code<br><b>06457</b>         |
| Principal Occupation<br><b>Director Business Programs</b>                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | Name of Employer<br><b>Microsoft</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>06/19/2026</b> | Aggregate Contributions<br><b>\$1,563.45</b> | <b>\$521.15</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                              |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------|----------------------------------|
| Last Name<br><b>Mitchell</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | First<br><b>William</b>                                                                                                                     |                                    | MI                                           | Contribution ID #<br><b>2076</b> |
| Residential Street Address<br><b>70 Brookfield St</b>                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | City<br><b>South Windsor</b>                                                                                                                |                                    | State<br><b>CT</b>                           | Zip Code<br><b>06074</b>         |
| Principal Occupation<br><b>Dispatcher</b>                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | Name of Employer<br><b>Environmental Services, Inc.</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>06/19/2026</b> | Aggregate Contributions<br><b>\$2,000.00</b> | <b>\$2,000.00</b>                |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                              |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------|----------------------------------|
| Last Name<br><b>Riefberg</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | First<br><b>Lawrence</b>                                                                                                                    |                                    | MI                                           | Contribution ID #<br><b>2077</b> |
| Residential Street Address<br><b>6 Ervie Dr</b>                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | City<br><b>Danbury</b>                                                                                                                      |                                    | State<br><b>CT</b>                           | Zip Code<br><b>06811</b>         |
| Principal Occupation<br><b>Attorney</b>                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | Name of Employer<br><b>Law Offices of Lawrence M. Riefberg 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>06/20/2026</b> | Aggregate Contributions<br><b>\$2,000.00</b> | <b>\$1,000.00</b>                |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                              |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------|----------------------------------|
| Last Name<br><b>Agrawal</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Giri</b>                                                                                                                        |                                    | MI                                           | Contribution ID #<br><b>2078</b> |
| Residential Street Address<br><b>22 Hampden Cir</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>Simsbury</b>                                                                                                                     |                                    | State<br><b>CT</b>                           | Zip Code<br><b>06070</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>06/21/2026</b> | Aggregate Contributions<br><b>\$1,000.00</b> | <b>\$1,000.00</b>                |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Zambo</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>Michael</b>                                                                                                                     |                                    | MI<br><b>J</b>                             | Contribution ID #<br><b>2079</b> |
| Residential Street Address<br><b>209 Mansfield Rd</b>                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | City<br><b>Ashford</b>                                                                                                                      |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06278</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>06/21/2026</b> | Aggregate Contributions<br><b>\$250.00</b> | <b>\$250.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Wagner</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Nicholas</b>                                                                                                                    |                                    | MI<br><b>CT</b>                            | Contribution ID #<br><b>2080</b> |
| Residential Street Address<br><b>3 Providence St Apt A</b>                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | City<br><b>Putnam</b>                                                                                                                       |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06260</b>         |
| Principal Occupation<br><b>Heavy equipment operator</b>                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | Name of Employer<br><b>Douglas construction</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>06/22/2026</b> | Aggregate Contributions<br><b>\$104.48</b> | <b>\$104.48</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                              |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------|----------------------------------|
| Last Name<br><b>Mandell</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Joyce</b>                                                                                                                       |                                    | MI<br><b>CT</b>                              | Contribution ID #<br><b>2081</b> |
| Residential Street Address<br><b>51 Mountain Farms Rd</b>                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | City<br><b>West Hartford</b>                                                                                                                |                                    | State<br><b>CT</b>                           | Zip Code<br><b>06117</b>         |
| Principal Occupation<br><b>Owner</b>                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | Name of Employer<br><b>Data-Mail, Inc.</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>06/22/2026</b> | Aggregate Contributions<br><b>\$2,000.00</b> | <b>\$2,000.00</b>                |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                              |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------|----------------------------------|
| Last Name<br><b>Mandell</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Andy</b>                                                                                                                        |                                    | MI<br><b>CT</b>                              | Contribution ID #<br><b>2082</b> |
| Residential Street Address<br><b>51 Mountain Farms Rd</b>                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | City<br><b>West Hartford</b>                                                                                                                |                                    | State<br><b>CT</b>                           | Zip Code<br><b>06117</b>         |
| Principal Occupation<br><b>Owner</b>                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | Name of Employer<br><b>Data-Mail, Inc.</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>06/22/2026</b> | Aggregate Contributions<br><b>\$2,000.00</b> | <b>\$2,000.00</b>                |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Menard</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Jody</b>                                                                                                                        |                                    | MI                                        | Contribution ID #<br><b>2083</b> |
| Residential Street Address<br><b>26 Harnish Ln</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | City<br><b>Wallingford</b>                                                                                                                  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06492</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>06/22/2026</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                              |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------|----------------------------------|
| Last Name<br><b>Mancini</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Ken</b>                                                                                                                         |                                    | MI                                           | Contribution ID #<br><b>2084</b> |
| Residential Street Address<br><b>104 Old Beach Rd</b>                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | City<br><b>Newport</b>                                                                                                                      |                                    | State<br><b>RI</b>                           | Zip Code<br><b>02840</b>         |
| Principal Occupation<br><b>CEO</b>                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | Name of Employer<br><b>Mancini Beverage-Levine Distributing/Northeast Bev</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>06/22/2026</b> | Aggregate Contributions<br><b>\$2,000.00</b> | <b>\$2,000.00</b>                |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>JACOBSON</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | First<br><b>JONATHAN</b>                                                                                                                    |                                    | MI                                         | Contribution ID #<br><b>2085</b> |
| Residential Street Address<br><b>180 Glenbrook Rd # 61</b>                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | City<br><b>Stamford</b>                                                                                                                     |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06902</b>         |
| Principal Occupation<br><b>Attorney</b>                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | Name of Employer<br><b>Rubin &amp; Jacobson, 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>06/22/2026</b> | Aggregate Contributions<br><b>\$104.48</b> | <b>\$104.48</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Brooks</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Josh</b>                                                                                                                        |                                    | MI                                         | Contribution ID #<br><b>2086</b> |
| Residential Street Address<br><b>264 Thimble Islands Rd</b>                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | City<br><b>Branford</b>                                                                                                                     |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06405</b>         |
| Principal Occupation<br><b>1st Selectman</b>                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | Name of Employer<br><b>Town of Branford</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>05172026B</b>                                                                                                                                | 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>06/22/2026</b> | Aggregate Contributions<br><b>\$260.73</b> | <b>\$260.73</b>                  |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                              |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------|----------------------------------|
| Last Name<br><b>Ansell</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Denise</b>                                                                                                                      |                                    | MI                                           | Contribution ID #<br><b>2087</b> |
| Residential Street Address<br><b>170 Long Wharf Rd</b>                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | City<br><b>Mystic</b>                                                                                                                       |                                    | State<br><b>CT</b>                           | Zip Code<br><b>06355</b>         |
| Principal Occupation<br><b>Attorney</b>                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | Name of Employer<br><b>Ansell Laben Law Offices, 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>06/22/2026</b> | Aggregate Contributions<br><b>\$1,500.00</b> | <b>\$500.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                              |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------|----------------------------------|
| Last Name<br><b>Gallo</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>Peter</b>                                                                                                                       |                                    | MI<br><b>M</b>                               | Contribution ID #<br><b>2088</b> |
| Residential Street Address<br><b>438 Northwood Dr</b>                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | City<br><b>Orange</b>                                                                                                                       |                                    | State<br><b>CT</b>                           | Zip Code<br><b>06477</b>         |
| Principal Occupation<br><b>Vice President</b>                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | Name of Employer<br><b>Star Destributors Inc</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>06/22/2026</b> | Aggregate Contributions<br><b>\$2,000.00</b> | <b>\$2,000.00</b>                |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                              |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------|----------------------------------|
| Last Name<br><b>Filardi</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Eric</b>                                                                                                                        |                                    | MI                                           | Contribution ID #<br><b>2089</b> |
| Residential Street Address<br><b>12 Clubhouse Pt</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br><b>Groton</b>                                                                                                                       |                                    | State<br><b>CT</b>                           | Zip Code<br><b>06340</b>         |
| Principal Occupation<br><b>Beer Distributor</b>                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Name of Employer<br><b>F&amp;F Distributors</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>\$2,000.00</b> | <b>\$2,000.00</b>                |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Luna</b>                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | First<br><b>Victor</b>                                                                                                                      |                                    | MI                                         | Contribution ID #<br><b>2090</b> |
| Residential Street Address<br><b>17 Chapin Plce</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>Hartford</b>                                                                                                                     |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06114</b>         |
| Principal Occupation<br><b>Event Coordinator</b>                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | Name of Employer<br><b>Luna Ent. Prod. 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>06012026G</b>                                                                                                                                | 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>\$250.00</b> | <b>\$250.00</b>                  |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Niziankiewicz                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br>Daniel                                                                                                                             |                             | MI                                  | Contribution ID #<br>2091 |
| Residential Street Address<br>3 Alpine Dr                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | City<br>South Windsor                                                                                                                       |                             | State<br>CT                         | Zip Code<br>06074         |
| 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>06/23/2026 | Aggregate Contributions<br>\$521.15 | \$521.15                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                       |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|---------------------------------------|---------------------------|
| Last Name<br>Shrestha                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | First<br>Ram                                                                                                                                |                             | MI                                    | Contribution ID #<br>2092 |
| Residential Street Address<br>11 Mona Ave                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | City<br>Branford                                                                                                                            |                             | State<br>CT                           | Zip Code<br>06405         |
| Principal Occupation<br>Business                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | Name of Employer<br>Ram Shrestha                                                                                                            |                             |                                       |                           |
| 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 checked="" type="checkbox"/> Yes <input 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>06/23/2026 | Aggregate Contributions<br>\$2,000.00 | \$1,000.00                |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                       |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|---------------------------------------|---------------------------|
| Last Name<br>GINSBERG                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | First<br>KENNETH                                                                                                                            |                             | MI                                    | Contribution ID #<br>2093 |
| Residential Street Address<br>377 Main St                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | City<br>West Haven                                                                                                                          |                             | State<br>CT                           | Zip Code                  |
| Principal Occupation<br>Commercial Real estate broker                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | Name of Employer<br>KNG Realty, LLC                                                                                                         |                             |                                       |                           |
| 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>06/23/2026 | Aggregate Contributions<br>\$1,041.98 | \$1,041.98                |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Halpin                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | First<br>Susan                                                                                                                              |                             | MI                                  | Contribution ID #<br>2094 |
| Residential Street Address<br>249 Forest Ln                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | City<br>Glastonbury                                                                                                                         |                             | State<br>CT                         | Zip Code<br>06033         |
| Principal Occupation<br>Lobbyist                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | Name of Employer<br>CTGRG of Robinson + Cole                                                                                                |                             |                                     |                           |
| 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 checked="" type="checkbox"/> Yes <input 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>06/23/2026 | 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            |
|-------------------------------------------------------------------------|---------------------------|
| Bysiewicz for CT                                                        | July 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Deluca</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Margaret</b>                                                                                                                    |                                    | MI                                         | Contribution ID #<br><b>2095</b> |
| Residential Street Address<br><b>9 Highland Ave</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>Darien</b>                                                                                                                       |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06820</b>         |
| Principal Occupation<br><b>Attorney</b>                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | Name of Employer<br><b>Cummings &amp; Lockwood</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>\$250.00</b> | <b>\$250.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                              |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------|----------------------------------|
| Last Name<br><b>Levin</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>Alan</b>                                                                                                                        |                                    | MI                                           | Contribution ID #<br><b>2096</b> |
| Residential Street Address<br><b>15 W 81st St # 10B</b>                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | City<br><b>New York</b>                                                                                                                     |                                    | State<br><b>NY</b>                           | Zip Code<br><b>10024</b>         |
| Principal Occupation<br><b>Attorney</b>                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | Name of Employer<br><b>Troutman Pepper Locke LLP</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>\$1,000.00</b> | <b>\$1,000.00</b>                |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                              |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------|----------------------------------|
| Last Name<br><b>Papas</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>Leonidha</b>                                                                                                                    |                                    | MI                                           | Contribution ID #<br><b>2097</b> |
| Residential Street Address<br><b>585 Ridge Rd</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | City<br><b>Wethersfield</b>                                                                                                                 |                                    | State<br><b>CT</b>                           | Zip Code<br><b>06109</b>         |
| Principal Occupation<br><b>owner</b>                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | Name of Employer<br><b>Lakeview Restaurant</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>\$1,000.00</b> | <b>\$1,000.00</b>                |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Weiner</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Jonathan</b>                                                                                                                    |                                    | MI                                         | Contribution ID #<br><b>2098</b> |
| Residential Street Address<br><b>37 Rumford St</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | City<br><b>West Hartford</b>                                                                                                                |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06107</b>         |
| Principal Occupation<br><b>Attorney</b>                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | Name of Employer<br><b>State of CT</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>\$354.48</b> | <b>\$104.48</b>                  |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Adair</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>Cara</b>                                                                                                                        |                                    | MI                                         | Contribution ID #<br><b>2099</b> |
| Residential Street Address<br><b>552 South Ln</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | City<br><b>Granville</b>                                                                                                                    |                                    | State<br><b>MA</b>                         | Zip Code<br><b>01034</b>         |
| Principal Occupation<br><b>Tutor</b>                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | Name of Employer<br><b>Swansea University</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>\$250.00</b> | <b>\$250.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Kissinger</b>                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | First<br><b>William</b>                                                                                                                     |                                    | MI<br><b>D</b>                             | Contribution ID #<br><b>2100</b> |
| Residential Street Address<br><b>5 Laurel Ave .</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>Belvedere</b>                                                                                                                    |                                    | State<br><b>CA</b>                         | Zip Code<br><b>94920</b>         |
| Principal Occupation<br><b>Attorney</b>                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | Name of Employer<br><b>Morgan Lewis</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>\$100.00</b> | <b>\$100.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Erickson</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | First<br><b>Julie</b>                                                                                                                       |                                    | MI                                        | Contribution ID #<br><b>2101</b> |
| Residential Street Address<br><b>85 Hickory Hill Rd</b>                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | City<br><b>Berlin</b>                                                                                                                       |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06037</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>06/24/2026</b> | Aggregate Contributions<br><b>\$77.70</b> | <b>\$25.00</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Whitcombe</b>                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | First<br><b>Nathaniel</b>                                                                                                                   |                                    | MI                                         | Contribution ID #<br><b>2102</b> |
| Residential Street Address<br><b>60 Deer Hill Ave</b>                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | City<br><b>Danbury</b>                                                                                                                      |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06810</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>06/24/2026</b> | Aggregate Contributions<br><b>\$380.52</b> | <b>\$380.52</b>                  |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Singer</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Scott</b>                                                                                                                       |                                    | MI                                         | Contribution ID #<br><b>2103</b> |
| Residential Street Address<br><b>1083 N Collier Blvd Unit 348</b>                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | City<br><b>Marco Island</b>                                                                                                                 |                                    | State<br><b>FL</b>                         | Zip Code<br><b>34145</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>06/24/2026</b> | Aggregate Contributions<br><b>\$260.73</b> | <b>\$260.73</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Guzman</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Joann</b>                                                                                                                       |                                    | MI                                         | Contribution ID #<br><b>2104</b> |
| Residential Street Address<br><b>37 Alden St Unit M</b>                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | City<br><b>Hartford</b>                                                                                                                     |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06114</b>         |
| Principal Occupation<br><b>Release Manager</b>                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                | Name of Employer<br><b>TEKSYSTEMS</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>06/25/2026</b> | Aggregate Contributions<br><b>\$104.48</b> | <b>\$104.48</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Larracuente</b>                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | First<br><b>Jerome</b>                                                                                                                      |                                    | MI                                         | Contribution ID #<br><b>2105</b> |
| Residential Street Address<br><b>22 Country Pl</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | City<br><b>Shelton</b>                                                                                                                      |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06484</b>         |
| Principal Occupation<br><b>Attorney</b>                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | Name of Employer<br><b>Larracuente and Goulden</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>06/25/2026</b> | Aggregate Contributions<br><b>\$521.15</b> | <b>\$521.15</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Shufrin</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>harry</b>                                                                                                                       |                                    | MI                                         | Contribution ID #<br><b>2106</b> |
| Residential Street Address<br><b>62 Angelus Dr</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | City<br><b>Greenwich</b>                                                                                                                    |                                    | State<br><b>NY</b>                         | Zip Code<br><b>06831</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>06/25/2026</b> | Aggregate Contributions<br><b>\$521.15</b> | <b>\$521.15</b>                  |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Fabian</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Lisa</b>                                                                                                                        |                                    | MI                                         | Contribution ID #<br><b>2107</b> |
| Residential Street Address<br><b>144 Wainwright Pl</b>                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | City<br><b>Stratford</b>                                                                                                                    |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06614</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>05172026A</b>                                                                                                                                | 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>06/25/2026</b> | Aggregate Contributions<br><b>\$125.00</b> | <b>\$125.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Jacobson</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | First<br><b>Lauren</b>                                                                                                                      |                                    | MI                                        | Contribution ID #<br><b>2108</b> |
| Residential Street Address<br><b>180 Glenbrook Rd Apt 61</b>                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | City<br><b>Stamford</b>                                                                                                                     |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06902</b>         |
| Principal Occupation<br><b>Attorney</b>                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | Name of Employer<br><b>Maya Murphy 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 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>06/25/2026</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Merrigan</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | First<br><b>Gary</b>                                                                                                                        |                                    | MI                                         | Contribution ID #<br><b>2109</b> |
| Residential Street Address<br><b>100 Michelle Dr</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br><b>Windsor Locks</b>                                                                                                                |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06076</b>         |
| Principal Occupation<br><b>Broker</b>                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | Name of Employer<br><b>Merrigan Realty</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>06/25/2026</b> | Aggregate Contributions<br><b>\$250.00</b> | <b>\$250.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                              |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------|----------------------------------|
| Last Name<br><b>Rowthorn</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | First<br><b>Perry</b>                                                                                                                       |                                    | MI                                           | Contribution ID #<br><b>2110</b> |
| Residential Street Address<br><b>43 Walbridge Rd .</b>                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | City<br><b>West Hartford</b>                                                                                                                |                                    | State<br><b>CT</b>                           | Zip Code<br><b>06119</b>         |
| Principal Occupation<br><b>Attorney</b>                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | Name of Employer<br><b>Rowthorn Law 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>06/25/2026</b> | Aggregate Contributions<br><b>\$1,000.00</b> | <b>\$500.00</b>                  |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                              |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------|----------------------------------|
| Last Name<br><b>Weiner</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Stephanie</b>                                                                                                                   |                                    | MI                                           | Contribution ID #<br><b>2111</b> |
| Residential Street Address<br><b>57 Drum Hill Rd</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br><b>Wilton</b>                                                                                                                       |                                    | State<br><b>CT</b>                           | Zip Code<br><b>06897</b>         |
| Principal Occupation<br><b>Consultant</b>                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | Name of Employer<br><b>New England Smart Energy Group, 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>06/25/2026</b> | Aggregate Contributions<br><b>\$1,000.00</b> | <b>\$1,000.00</b>                |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                              |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------|----------------------------------|
| Last Name<br><b>Heede</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>Conrad</b>                                                                                                                      |                                    | MI                                           | Contribution ID #<br><b>2112</b> |
| Residential Street Address<br><b>58 Mirra Dr</b>                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | City<br><b>Groton</b>                                                                                                                       |                                    | State<br><b>CT</b>                           | Zip Code                         |
| Principal Occupation<br><b>Hotel management</b>                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Name of Employer<br><b>Waterford hotel group</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>05262026D</b>                                                                                                                                | 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>06/25/2026</b> | Aggregate Contributions<br><b>\$1,521.15</b> | <b>\$500.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Green</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>Christopher</b>                                                                                                                 |                                    | MI                                         | Contribution ID #<br><b>2113</b> |
| Residential Street Address<br><b>550 Housatonic Ave</b>                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | City<br><b>Stratford</b>                                                                                                                    |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06615</b>         |
| Principal Occupation<br><b>Financial Advisor</b>                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | Name of Employer<br><b>Northwestern Mutual</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>05172026A</b>                                                                                                                                | 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>06/26/2026</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Morfea</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Jennifer</b>                                                                                                                    |                                    | MI                                         | Contribution ID #<br><b>2114</b> |
| Residential Street Address<br><b>2 Tumble Brook Rd</b>                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | City<br><b>Rocky Hill</b>                                                                                                                   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06067</b>         |
| Principal Occupation<br><b>Director of Engagement</b>                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | Name of Employer<br><b>CT's Credit Unions</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 checked="" type="checkbox"/> Yes <input 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>06/26/2026</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            |
|-------------------------------------------------------------------------|---------------------------|
| Bysiewicz for CT                                                        | July 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Russell</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Roger</b>                                                                                                                       |                                    | MI                                         | Contribution ID #<br><b>2115</b> |
| Residential Street Address<br><b>40 Conlin Dr</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | City<br><b>Enfield</b>                                                                                                                      |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06082</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>06/26/2026</b> | Aggregate Contributions<br><b>\$150.00</b> | <b>\$150.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                              |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------|----------------------------------|
| Last Name<br><b>Geanakoplos</b>                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | First<br><b>John</b>                                                                                                                        |                                    | MI                                           | Contribution ID #<br><b>2116</b> |
| Residential Street Address<br><b>85 Everit St</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | City<br><b>New Haven</b>                                                                                                                    |                                    | State<br><b>CT</b>                           | Zip Code<br><b>06511</b>         |
| Principal Occupation<br><b>Professor/Head of Research Department</b>                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | Name of Employer<br><b>Yale University/Ellington Management Group</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>06/26/2026</b> | Aggregate Contributions<br><b>\$2,000.00</b> | <b>\$2,000.00</b>                |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                              |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------|----------------------------------|
| Last Name<br><b>Lech</b>                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | First<br><b>Collin</b>                                                                                                                      |                                    | MI                                           | Contribution ID #<br><b>2117</b> |
| Residential Street Address<br><b>38 E Shore Ave</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>Groton</b>                                                                                                                       |                                    | State<br><b>CT</b>                           | Zip Code<br><b>06340</b>         |
| Principal Occupation<br><b>Development Director</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | Name of Employer<br><b>READCO</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>06/26/2026</b> | Aggregate Contributions<br><b>\$2,000.00</b> | <b>\$750.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                              |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------|----------------------------------|
| Last Name<br><b>Lech</b>                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | First<br><b>Chase</b>                                                                                                                       |                                    | MI                                           | Contribution ID #<br><b>2118</b> |
| Residential Street Address<br><b>86 Montauk Ave</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>Stonington</b>                                                                                                                   |                                    | State<br><b>CT</b>                           | Zip Code<br><b>06378</b>         |
| Principal Occupation<br><b>student</b>                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | Name of Employer<br><b>student</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>06/26/2026</b> | Aggregate Contributions<br><b>\$1,750.00</b> | <b>\$500.00</b>                  |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Griffiths                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | First<br>Adam                                                                                                                               |                             | MI                                  | Contribution ID #<br>2119 |
| Residential Street Address<br>98 Griffiths Rd                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | City<br>Danielson                                                                                                                           |                             | State<br>CT                         | Zip Code<br>06239         |
| Principal Occupation<br>Farmer                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                | Name of Employer<br>Quandoc Valley Farm                                                                                                     |                             |                                     |                           |
| 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>06/26/2026 | Aggregate Contributions<br>\$312.81 | \$312.81                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Lancaster                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | First<br>MaryMargaret                                                                                                                       |                             | MI                                  | Contribution ID #<br>2120 |
| Residential Street Address<br>15 Tamara Cir                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | City<br>Avon                                                                                                                                |                             | State<br>CT                         | Zip Code<br>06001         |
| 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>06/26/2026 | Aggregate Contributions<br>\$104.48 | \$104.48                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Bye                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | First<br>Beth                                                                                                                               |                             | MI                                  | Contribution ID #<br>2121 |
| Residential Street Address<br>53 Bath Crescent Ln                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | City<br>Bloomfield                                                                                                                          |                             | State<br>CT                         | Zip Code<br>06002         |
| 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>06/26/2026 | Aggregate Contributions<br>\$104.48 | \$104.48                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                       |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|---------------------------------------|---------------------------|
| Last Name<br>Gomez                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | First<br>Diana                                                                                                                              |                             | MI                                    | Contribution ID #<br>2122 |
| Residential Street Address<br>36 Kachele St                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | City<br>Easton                                                                                                                              |                             | State<br>CT                           | Zip Code<br>06612         |
| Principal Occupation<br>ATTORNEY                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | Name of Employer<br>MG EQUITY LAW LLC.                                                                                                      |                             |                                       |                           |
| 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>\$1,041.98 | \$1,041.98                |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                              |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------|----------------------------------|
| Last Name<br><b>Lech</b>                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | First<br><b>Kara</b>                                                                                                                        |                                    | MI                                           | Contribution ID #<br><b>2123</b> |
| Residential Street Address<br><b>38 E Shore Rd</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | City<br><b>Groton</b>                                                                                                                       |                                    | State<br><b>CT</b>                           | Zip Code<br><b>06340</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>06/27/2026</b> | Aggregate Contributions<br><b>\$2,052.40</b> | <b>\$750.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Kelly</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>John M</b>                                                                                                                      |                                    | MI                                         | Contribution ID #<br><b>2124</b> |
| Residential Street Address<br><b>293 Maple Hill Ave</b>                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | City<br><b>Newington</b>                                                                                                                    |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06111</b>         |
| Principal Occupation<br><b>Attorney</b>                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | Name of Employer<br><b>Griffith &amp; Kelly, 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>06102026H</b>                                                                                                                                | 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>06/27/2026</b> | Aggregate Contributions<br><b>\$250.00</b> | <b>\$250.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Davidoff</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | First<br><b>Lawrence</b>                                                                                                                    |                                    | MI                                         | Contribution ID #<br><b>2125</b> |
| Residential Street Address<br><b>1 Strawberry Hill Ave</b>                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | City<br><b>Stamford</b>                                                                                                                     |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06902</b>         |
| Principal Occupation<br><b>Real Estate Broker/Builder</b>                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | Name of Employer<br><b>Sole Proprietor</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>06/27/2026</b> | Aggregate Contributions<br><b>\$200.00</b> | <b>\$200.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Lopez</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>Erin</b>                                                                                                                        |                                    | MI                                         | Contribution ID #<br><b>2126</b> |
| Residential Street Address<br><b>77 Patricia Cir</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br><b>Fairfield</b>                                                                                                                    |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06825</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>06/27/2026</b> | Aggregate Contributions<br><b>\$104.48</b> | <b>\$104.48</b>                  |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Rosario</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Lenny</b>                                                                                                                       |                                    | MI                                         | Contribution ID #<br><b>2127</b> |
| Residential Street Address<br><b>18 Dogwood Ln</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | City<br><b>West Hartford</b>                                                                                                                |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06117</b>         |
| Principal Occupation<br><b>Doctor</b>                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | Name of Employer<br><b>Dinamica 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>06/27/2026</b> | Aggregate Contributions<br><b>\$104.48</b> | <b>\$104.48</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Krell</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>Paul</b>                                                                                                                        |                                    | MI                                         | Contribution ID #<br><b>2128</b> |
| Residential Street Address<br><b>86 Vine Rd</b>                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | City<br><b>Bristol</b>                                                                                                                      |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06010</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>05272026E</b>                                                                                                                                | 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>06/27/2026</b> | Aggregate Contributions<br><b>\$252.40</b> | <b>\$100.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Kowalshyn</b>                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | First<br><b>Kathleen</b>                                                                                                                    |                                    | MI                                         | Contribution ID #<br><b>2129</b> |
| Residential Street Address<br><b>28 Forster St</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | City<br><b>Hartford</b>                                                                                                                     |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06106</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>06/28/2026</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Kessler</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Penny</b>                                                                                                                       |                                    | MI                                        | Contribution ID #<br><b>2130</b> |
| Residential Street Address<br><b>22 Spring Hill Ln</b>                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | City<br><b>Bethel</b>                                                                                                                       |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06801</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>06/28/2026</b> | Aggregate Contributions<br><b>\$52.40</b> | <b>\$52.40</b>                   |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Bermudez</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | First<br><b>Eva</b>                                                                                                                         |                                    | MI                                         | Contribution ID #<br><b>2131</b> |
| Residential Street Address<br><b>39 Greenview Rd</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br><b>New Milford</b>                                                                                                                  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06776</b>         |
| Principal Occupation<br><b>Executive Director</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | Name of Employer<br><b>Child Care for CT</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 checked="" type="checkbox"/> Yes <input 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>06/28/2026</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Cicchello</b>                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | First<br><b>Ann</b>                                                                                                                         |                                    | MI                                         | Contribution ID #<br><b>2132</b> |
| Residential Street Address<br><b>11 Village Dr</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | City<br><b>East Lyme</b>                                                                                                                    |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06333</b>         |
| Principal Occupation<br><b>Attorney</b>                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | Name of Employer<br><b>Law Offices of Cicchiello &amp; Cicchiello, 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>05262026D</b>                                                                                                                                | 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>06/28/2026</b> | Aggregate Contributions<br><b>\$204.48</b> | <b>\$100.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Garcia</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Edna</b>                                                                                                                        |                                    | MI                                         | Contribution ID #<br><b>2133</b> |
| Residential Street Address<br><b>38 Siemon St</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | City<br><b>Bridgeport</b>                                                                                                                   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06605</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>06/28/2026</b> | Aggregate Contributions<br><b>\$104.48</b> | <b>\$104.48</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                              |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------|----------------------------------|
| Last Name<br><b>Bradley</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Marc</b>                                                                                                                        |                                    | MI                                           | Contribution ID #<br><b>2134</b> |
| Residential Street Address<br><b>1 Coves End Rd</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>Darien</b>                                                                                                                       |                                    | State<br><b>CT</b>                           | Zip Code<br><b>06820</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>06/28/2026</b> | Aggregate Contributions<br><b>\$1,000.00</b> | <b>\$500.00</b>                  |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                              |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------|----------------------------------|
| Last Name<br><b>Stirling</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | First<br><b>Kelann</b>                                                                                                                      |                                    | MI                                           | Contribution ID #<br><b>2135</b> |
| Residential Street Address<br><b>1 Coves End Rd</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>Darien</b>                                                                                                                       |                                    | State<br><b>CT</b>                           | Zip Code<br><b>06820</b>         |
| Principal Occupation<br><b>Lawyer</b>                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | Name of Employer<br><b>Paul, Weiss</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>06/28/2026</b> | Aggregate Contributions<br><b>\$1,021.15</b> | <b>\$500.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                              |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------|----------------------------------|
| Last Name<br><b>Nyberg</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>David</b>                                                                                                                       |                                    | MI                                           | Contribution ID #<br><b>2136</b> |
| Residential Street Address<br><b>1 N Charles St Ste 2450</b>                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | City<br><b>Baltimore</b>                                                                                                                    |                                    | State<br><b>MD</b>                           | Zip Code<br><b>21201</b>         |
| Principal Occupation<br><b>Real Estate Development</b>                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | Name of Employer<br><b>Charles Partners 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 checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br><b>06/28/2026</b> | Aggregate Contributions<br><b>\$1,000.00</b> | <b>\$1,000.00</b>                |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                              |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------|----------------------------------|
| Last Name<br><b>Lee</b>                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | First<br><b>Chester</b>                                                                                                                     |                                    | MI                                           | Contribution ID #<br><b>2137</b> |
| Residential Street Address<br><b>28 Cross Gates Rd</b>                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | City<br><b>Madison</b>                                                                                                                      |                                    | State<br><b>NJ</b>                           | Zip Code<br><b>07940</b>         |
| Principal Occupation<br><b>Attorney</b>                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | Name of Employer<br><b>Duane Morris</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>\$1,041.98</b> | <b>\$1,041.98</b>                |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Arroyo</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Liany</b>                                                                                                                       |                                    | MI                                         | Contribution ID #<br><b>2138</b> |
| Residential Street Address<br><b>126 Westerly Ter</b>                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | City<br><b>Hartford</b>                                                                                                                     |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06105</b>         |
| Principal Occupation<br><b>Director</b>                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | Name of Employer<br><b>Greater Hartford Gives Foundation</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>\$250.00</b> | <b>\$250.00</b>                  |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Samy</b>                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | First<br><b>Sharad</b>                                                                                                                      |                                    | MI                                         | Contribution ID #<br><b>2139</b> |
| Residential Street Address<br><b>32 Old Oak Rd</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | City<br><b>Darien</b>                                                                                                                       |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06820</b>         |
| Principal Occupation<br><b>General Counsel</b>                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                | Name of Employer<br><b>Commonfund</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>\$350.00</b> | <b>\$350.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Khatiwada</b>                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | First<br><b>Deepak</b>                                                                                                                      |                                    | MI                                         | Contribution ID #<br><b>2140</b> |
| Residential Street Address<br><b>31 Burnham Dr</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | City<br><b>West Hartford</b>                                                                                                                |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06110</b>         |
| Principal Occupation<br><b>Realtor</b>                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | Name of Employer<br><b>eRealty Advisors, Inc.</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>\$250.00</b> | <b>\$250.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Pheanious</b>                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | First<br><b>Pat</b>                                                                                                                         |                                    | MI                                         | Contribution ID #<br><b>2141</b> |
| Residential Street Address<br><b>63 Squaw Hollow Rd</b>                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | City<br><b>Ashford</b>                                                                                                                      |                                    | State<br><b>CT</b>                         | Zip Code                         |
| Principal Occupation<br><b>Program Director</b>                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Name of Employer<br><b>Historic New England</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>\$276.35</b> | <b>\$26.35</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Bermudez Hallstrom</b>                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | First<br><b>Andres</b>                                                                                                                      |                                    | MI                                        | Contribution ID #<br><b>2142</b> |
| Residential Street Address<br><b>158 Perry Ave</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | City<br><b>Norwalk</b>                                                                                                                      |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06850</b>         |
| Principal Occupation<br><b>Attorney</b>                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | Name of Employer<br><b>CT Div of Crim Justice</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>\$52.40</b> | <b>\$52.40</b>                   |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Graham</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Larue</b>                                                                                                                       |                                    | MI                                        | Contribution ID #<br><b>2143</b> |
| Residential Street Address<br><b>21 Heather Hts</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>Meriden</b>                                                                                                                      |                                    | State<br><b>CT</b>                        | Zip Code                         |
| Principal Occupation<br><b>CEO</b>                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | Name of Employer<br><b>Boys &amp; Girls Club of Meriden</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>\$26.35</b> | <b>\$26.35</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Surgeon</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Shirley</b>                                                                                                                     |                                    | MI                                        | Contribution ID #<br><b>2144</b> |
| Residential Street Address<br><b>160 Adams St</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | City<br><b>Hartford</b>                                                                                                                     |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06112</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>\$50.00</b> | <b>\$50.00</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Boyd</b>                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | First<br><b>Jennifer</b>                                                                                                                    |                                    | MI                                         | Contribution ID #<br><b>2145</b> |
| Residential Street Address<br><b>226 W Norwalk Rd</b>                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | City<br><b>Norwalk</b>                                                                                                                      |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06850</b>         |
| Principal Occupation<br><b>attorney</b>                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | Name of Employer<br><b>Boyd &amp; Associates 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>06/29/2026</b> | Aggregate Contributions<br><b>\$625.63</b> | <b>\$104.48</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Lombardi</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | First<br><b>Antonia</b>                                                                                                                     |                                    | MI                                        | Contribution ID #<br><b>2146</b> |
| Residential Street Address<br><b>195 Meadowside Rd</b>                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | City<br><b>Milford</b>                                                                                                                      |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06460</b>         |
| Principal Occupation<br><b>Secretary</b>                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | Name of Employer<br><b>Milford 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>06/29/2026</b> | Aggregate Contributions<br><b>\$42.29</b> | <b>\$15.94</b>                   |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>LADEN</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>MICHAEL</b>                                                                                                                     |                                    | MI                                         | Contribution ID #<br><b>2147</b> |
| Residential Street Address<br><b>898 Cahill Ct</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | City<br><b>Cheshire</b>                                                                                                                     |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06410</b>         |
| Principal Occupation<br><b>Attorney</b>                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | Name of Employer<br><b>Michael J. Laden Attorney At Law L.L.C.</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>\$333.65</b> | <b>\$333.65</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Whitelaw</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | First<br><b>Nicholas</b>                                                                                                                    |                                    | MI                                         | Contribution ID #<br><b>2148</b> |
| Residential Street Address<br><b>17 Park Dr</b>                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | City<br><b>Waterford</b>                                                                                                                    |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06385</b>         |
| Principal Occupation<br><b>patent attorney</b>                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                | Name of Employer<br><b>Jordan IP 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>06/29/2026</b> | Aggregate Contributions<br><b>\$200.00</b> | <b>\$200.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Lopes</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>Rick</b>                                                                                                                        |                                    | MI                                         | Contribution ID #<br><b>2149</b> |
| Residential Street Address<br><b>208 S Mountain St</b>                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | City<br><b>New Britain</b>                                                                                                                  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06052</b>         |
| Principal Occupation<br><b>Legislator</b>                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | Name of Employer<br><b>State of ct</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>\$100.00</b> | <b>\$100.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Rivera</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>William</b>                                                                                                                     |                                    | MI                                         | Contribution ID #<br><b>2150</b> |
| Residential Street Address<br><b>123 Vine St</b>                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | City<br><b>New Britain</b>                                                                                                                  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06052</b>         |
| Principal Occupation<br><b>Attorney</b>                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | Name of Employer<br><b>The Rivera law group,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>06/29/2026</b> | Aggregate Contributions<br><b>\$320.00</b> | <b>\$320.00</b>                  |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                              |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------|----------------------------------|
| Last Name<br><b>Martinez</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | First<br><b>Tedman</b>                                                                                                                      |                                    | MI<br><b>D</b>                               | Contribution ID #<br><b>2151</b> |
| Residential Street Address<br><b>17 Overlook Dr</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>Waterford</b>                                                                                                                    |                                    | State<br><b>CT</b>                           | Zip Code<br><b>06385</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>05262026D</b>                                                                                                                                | 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>\$1,042.30</b> | <b>\$521.15</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                              |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------|----------------------------------|
| Last Name<br><b>Foti</b>                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | First<br><b>Joseph</b>                                                                                                                      |                                    | MI<br><b>CT</b>                              | Contribution ID #<br><b>2152</b> |
| Residential Street Address<br><b>68 Bayview Cir</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>Watertown</b>                                                                                                                    |                                    | State<br><b>CT</b>                           | Zip Code<br><b>06795</b>         |
| Principal Occupation<br><b>attorney</b>                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | Name of Employer<br><b>Moore, O'Brien and Foti</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>\$1,000.00</b> | <b>\$500.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Godfrey</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Robert</b>                                                                                                                      |                                    | MI<br><b>CT</b>                            | Contribution ID #<br><b>2153</b> |
| Residential Street Address<br><b>123 Richmond Hill Rd Unit 1</b>                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | City<br><b>New Canaan</b>                                                                                                                   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06840</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>\$131.15</b> | <b>\$52.40</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Russell</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Cynthia</b>                                                                                                                     |                                    | MI<br><b>CT</b>                            | Contribution ID #<br><b>2154</b> |
| Residential Street Address<br><b>1374 Rock Rimmon Rd</b>                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | City<br><b>Stamford</b>                                                                                                                     |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06903</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>\$156.56</b> | <b>\$156.56</b>                  |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Sabilia</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Elizabeth</b>                                                                                                                   |                                    | MI                                         | Contribution ID #<br><b>2155</b> |
| Residential Street Address<br><b>132 Oswegatchie Rd</b>                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | City<br><b>Waterford</b>                                                                                                                    |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06385</b>         |
| Principal Occupation<br><b>director</b>                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | Name of Employer<br><b>Housing Collective</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>\$100.00</b> | <b>\$100.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Statchen</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | First<br><b>Ned</b>                                                                                                                         |                                    | MI                                         | Contribution ID #<br><b>2156</b> |
| Residential Street Address<br><b>6 Bella Ln</b>                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | City<br><b>Unionville</b>                                                                                                                   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06085</b>         |
| Principal Occupation<br><b>Transportation Engineer</b>                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | Name of Employer<br><b>State of CT DOT</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>\$157.00</b> | <b>\$157.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>McCarthy Vahey</b>                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | First<br><b>Cristin</b>                                                                                                                     |                                    | MI                                        | Contribution ID #<br><b>2157</b> |
| Residential Street Address<br><b>1625 Melville Ave</b>                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | City<br><b>Fairfield</b>                                                                                                                    |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06825</b>         |
| Principal Occupation<br><b>State Representative</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | Name of Employer<br><b>State of CT</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>\$52.40</b> | <b>\$52.40</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Whitcombe</b>                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | First<br><b>Patricia</b>                                                                                                                    |                                    | MI                                         | Contribution ID #<br><b>2158</b> |
| Residential Street Address<br><b>60 Deer Hill Ave .</b>                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | City<br><b>Danbury</b>                                                                                                                      |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06810</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>\$313.44</b> | <b>\$104.48</b>                  |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Levey</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>Janie</b>                                                                                                                       |                                    | MI                                         | Contribution ID #<br><b>2159</b> |
| Residential Street Address<br><b>9 Burritts Lndg N</b>                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | City<br><b>Westport</b>                                                                                                                     |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06880</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 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>\$100.00</b> | <b>\$100.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Gallagher</b>                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | First<br><b>Sarah</b>                                                                                                                       |                                    | MI                                        | Contribution ID #<br><b>2160</b> |
| Residential Street Address<br><b>21 Hawthorne Ave</b>                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | City<br><b>Hamden</b>                                                                                                                       |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06517</b>         |
| Principal Occupation<br><b>Vice President</b>                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | Name of Employer<br><b>National Council of Nonprofits</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>\$26.35</b> | <b>\$26.35</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Schulz</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Timothy</b>                                                                                                                     |                                    | MI<br><b>H</b>                            | Contribution ID #<br><b>2161</b> |
| Residential Street Address<br><b>24 Roosevelt Avenue Ext</b>                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | City<br><b>Preston</b>                                                                                                                      |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06365</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>\$37.08</b> | <b>\$10.73</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Kelly</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>Alice</b>                                                                                                                       |                                    | MI<br><b>Z</b>                            | Contribution ID #<br><b>2162</b> |
| Residential Street Address<br><b>113 Sky Top Dr</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>Fairfield</b>                                                                                                                    |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06825</b>         |
| Principal Occupation<br><b>Clinical Social Workder</b>                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | Name of Employer<br><b>Alice Z. Kelly, LCSW</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>\$26.35</b> | <b>\$26.35</b>                   |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Conley</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Irene</b>                                                                                                                       |                                    | MI                                        | Contribution ID #<br><b>2163</b> |
| Residential Street Address<br><b>7 Boxwood Ct</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | City<br><b>Woodbury</b>                                                                                                                     |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06798</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>\$52.40</b> | <b>\$52.40</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Diaz Candelo</b>                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | First<br><b>Nitza</b>                                                                                                                       |                                    | MI                                         | Contribution ID #<br><b>2164</b> |
| Residential Street Address<br><b>40 Beaver Hill Ln</b>                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | City<br><b>New Haven</b>                                                                                                                    |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06511</b>         |
| Principal Occupation<br><b>Education Consultant</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | Name of Employer<br><b>State Education Resource Center</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>\$104.48</b> | <b>\$104.48</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Kim</b>                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | First<br><b>Jung Soo</b>                                                                                                                    |                                    | MI                                        | Contribution ID #<br><b>2165</b> |
| Residential Street Address<br><b>148 Deer Run Rd</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br><b>Wilton</b>                                                                                                                       |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06897</b>         |
| Principal Occupation<br><b>Software Product Manager</b>                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | Name of Employer<br><b>FactSet Research</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>\$52.40</b> | <b>\$52.40</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Cole-Chu</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | First<br><b>Leeland</b>                                                                                                                     |                                    | MI                                         | Contribution ID #<br><b>2166</b> |
| Residential Street Address<br><b>300 Hartford Rd</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br><b>Salem</b>                                                                                                                        |                                    | State<br><b>CT</b>                         | Zip Code                         |
| Principal Occupation<br><b>Attorney Mediator Writer</b>                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | Name of Employer<br><b>Leeland Cole-Chu</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>\$417.92</b> | <b>\$104.48</b>                  |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Rooke-Norman</b>                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | First<br><b>Gail</b>                                                                                                                        |                                    | MI                                         | Contribution ID #<br><b>2167</b> |
| Residential Street Address<br><b>270 Bethel Rd</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | City<br><b>Griswold</b>                                                                                                                     |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06351</b>         |
| Principal Occupation<br><b>attorney-at-law</b>                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                | Name of Employer<br><b>Rooke-Norman Law Offices</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>\$300.00</b> | <b>\$200.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>konandreas</b>                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                | First<br><b>georgia</b>                                                                                                                     |                                    | MI                                         | Contribution ID #<br><b>2168</b> |
| Residential Street Address<br><b>34 Konandreas Dr</b>                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | City<br><b>Stamford</b>                                                                                                                     |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06903</b>         |
| Principal Occupation<br><b>MD</b>                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | Name of Employer<br><b>Doctors Center</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>\$181.15</b> | <b>\$52.40</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Turner</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Sarah</b>                                                                                                                       |                                    | MI                                        | Contribution ID #<br><b>2169</b> |
| Residential Street Address<br><b>115 Riverview Ave</b>                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | City<br><b>New London</b>                                                                                                                   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06320</b>         |
| Principal Occupation<br><b>Broker</b>                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | Name of Employer<br><b>Berkshire Hathaway</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>\$52.70</b> | <b>\$26.35</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Daddeo</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Peter</b>                                                                                                                       |                                    | MI                                         | Contribution ID #<br><b>2170</b> |
| Residential Street Address<br><b>24 Iris Way</b>                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | City<br><b>Berlin</b>                                                                                                                       |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06037</b>         |
| Principal Occupation<br><b>Real Estate</b>                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | Name of Employer<br><b>Commercial Services Realty</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>\$521.46</b> | <b>\$260.73</b>                  |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Cantafio</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | First<br><b>Dawn</b>                                                                                                                        |                                    | MI                                         | Contribution ID #<br><b>2171</b> |
| Residential Street Address<br><b>72 Tait Rd</b>                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | City<br><b>Trumbull</b>                                                                                                                     |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06611</b>         |
| Principal Occupation<br><b>Director of Finance</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | Name of Employer<br><b>Trumbull Housing Authority</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>\$156.88</b> | <b>\$52.40</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Chisem</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Carl</b>                                                                                                                        |                                    | MI                                        | Contribution ID #<br><b>2172</b> |
| Residential Street Address<br><b>1092 Ridgewood Rd</b>                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | City<br><b>Middletown</b>                                                                                                                   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06457</b>         |
| Principal Occupation<br><b>Trainer/President</b>                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | Name of Employer<br><b>State oc Ct/ CEUI</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>\$26.35</b> | <b>\$26.35</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Niles</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>Dawn</b>                                                                                                                        |                                    | MI                                         | Contribution ID #<br><b>2173</b> |
| Residential Street Address<br><b>26 Fairwaydrive</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br><b>North Windham</b>                                                                                                                |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06256</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>\$156.88</b> | <b>\$52.40</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Theroux</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Miriam</b>                                                                                                                      |                                    | MI                                         | Contribution ID #<br><b>2174</b> |
| Residential Street Address<br><b>449 Trinity Rdg</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br><b>Rocky Hill</b>                                                                                                                   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06067</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>06102026H</b>                                                                                                                                | 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>\$209.58</b> | <b>\$26.35</b>                   |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>VEITS</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>WILLIAM</b>                                                                                                                     |                                    | MI                                         | Contribution ID #<br><b>2175</b> |
| Residential Street Address<br><b>31 Natlie Ct</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | City<br><b>Bristol</b>                                                                                                                      |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06010</b>         |
| Principal Occupation<br><b>INCOME TAX PREPARER</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | Name of Employer<br><b>WILLIAM J VEITS, EA</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>\$104.48</b> | <b>\$104.48</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Barbosa</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Wilma</b>                                                                                                                       |                                    | MI                                        | Contribution ID #<br><b>2176</b> |
| Residential Street Address<br><b>112 Benson St</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | City<br><b>New Britain</b>                                                                                                                  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06051</b>         |
| Principal Occupation<br><b>Serv rep</b>                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | Name of Employer<br><b>Otis Elevator</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>\$52.40</b> | <b>\$52.40</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Emery</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>Elizabeth</b>                                                                                                                   |                                    | MI                                        | Contribution ID #<br><b>2177</b> |
| Residential Street Address<br><b>76 W Poplar Rd</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>Middletown</b>                                                                                                                   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06457</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>\$35.73</b> | <b>\$25.00</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Carter</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Robert</b>                                                                                                                      |                                    | MI                                         | Contribution ID #<br><b>2178</b> |
| Residential Street Address<br><b>1826 Bucks Hill Rd</b>                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | City<br><b>Southbury</b>                                                                                                                    |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06488</b>         |
| Principal Occupation<br><b>attorney</b>                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | Name of Employer<br><b>Carter &amp; Civitello</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>\$276.35</b> | <b>\$26.35</b>                   |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Lasser</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Howard</b>                                                                                                                      |                                    | MI                                         | Contribution ID #<br><b>2179</b> |
| Residential Street Address<br><b>116 Tower Rd</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | City<br><b>Brookfield</b>                                                                                                                   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06804</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>\$104.80</b> | <b>\$52.40</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Gwozdzowski</b>                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | First<br><b>Joanna</b>                                                                                                                      |                                    | MI                                         | Contribution ID #<br><b>2180</b> |
| Residential Street Address<br><b>191 Van Rensselaer Ave</b>                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | City<br><b>Stamford</b>                                                                                                                     |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06902</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>\$500.00</b> | <b>\$500.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>van Voorhees</b>                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | First<br><b>Roger</b>                                                                                                                       |                                    | MI                                         | Contribution ID #<br><b>2181</b> |
| Residential Street Address<br><b>46 Parkway</b>                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | City<br><b>Fairfield</b>                                                                                                                    |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06824</b>         |
| Principal Occupation<br><b>Businesss Manager</b>                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | Name of Employer<br><b>Grupo Noboa Inc.</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>\$150.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Chang</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>Jason</b>                                                                                                                       |                                    | MI                                        | Contribution ID #<br><b>2182</b> |
| Residential Street Address<br><b>397 Quaker Ln N</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br><b>West Hartford</b>                                                                                                                |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06119</b>         |
| Principal Occupation<br><b>Educator</b>                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | Name of Employer<br><b>UConn</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>\$26.35</b> | <b>\$26.35</b>                   |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Needelman</b>                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | First<br><b>Marc</b>                                                                                                                        |                                    | MI                                         | Contribution ID #<br><b>2183</b> |
| Residential Street Address<br><b>7160 Lorenzo Ln Ste 313</b>                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | City<br><b>Delray Beach</b>                                                                                                                 |                                    | State<br><b>FL</b>                         | Zip Code<br><b>33446</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>\$208.65</b> | <b>\$208.65</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Baker</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>Joseph R</b>                                                                                                                    |                                    | MI                                        | Contribution ID #<br><b>2184</b> |
| Residential Street Address<br><b>14 Maplewood Dr .</b>                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | City<br><b>New Milford</b>                                                                                                                  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06776</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>\$91.35</b> | <b>\$50.00</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Bellezza</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | First<br><b>Mary Ann</b>                                                                                                                    |                                    | MI                                         | Contribution ID #<br><b>2185</b> |
| Residential Street Address<br><b>122 Gillies Rd</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>Hamden</b>                                                                                                                       |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06517</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>\$290.52</b> | <b>\$104.48</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Markovitz</b>                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | First<br><b>Denise</b>                                                                                                                      |                                    | MI                                         | Contribution ID #<br><b>2186</b> |
| Residential Street Address<br><b>243 Boston Post Rd</b>                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | City<br><b>East Lyme</b>                                                                                                                    |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06333</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>05262026D</b>                                                                                                                                | 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>\$250.00</b> | <b>\$250.00</b>                  |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                       |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|---------------------------------------|---------------------------|
| Last Name<br>Crumbie                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | First<br>Brenden                                                                                                                            |                             | MI                                    | Contribution ID #<br>2187 |
| Residential Street Address<br>9 Rushleigh Rd                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | City<br>West Hartford                                                                                                                       |                             | State<br>CT                           | Zip Code<br>06117         |
| Principal Occupation<br>Legal Assistant                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | Name of Employer<br>Crumbie law group LLC                                                                                                   |                             |                                       |                           |
| 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>06/30/2026 | Aggregate Contributions<br>\$1,000.00 | \$1,000.00                |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                    |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>McClanahan                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | First<br>Rebecca                                                                                                                            |                             | MI                                 | Contribution ID #<br>2188 |
| Residential Street Address<br>42 Robin Ct                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | City<br>Middletown                                                                                                                          |                             | State<br>CT                        | Zip Code<br>06457         |
| 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>06/30/2026 | Aggregate Contributions<br>\$26.35 | \$26.35                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                    |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>Torop                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | First<br>Paul                                                                                                                               |                             | MI                                 | Contribution ID #<br>2189 |
| Residential Street Address<br>124 Freeman Rd                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | City<br>Middletown                                                                                                                          |                             | State<br>CT                        | Zip Code                  |
| 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>06/30/2026 | Aggregate Contributions<br>\$52.40 | \$52.40                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Corkery                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | First<br>Rebecca                                                                                                                            |                             | MI                                  | Contribution ID #<br>2190 |
| Residential Street Address<br>72 Mariner Cir                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | 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>06/30/2026 | 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            |
|-------------------------------------------------------------------------|---------------------------|
| Bysiewicz for CT                                                        | July 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                              |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------|----------------------------------|
| Last Name<br><b>James</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>Harry</b>                                                                                                                       |                                    | MI                                           | Contribution ID #<br><b>2191</b> |
| Residential Street Address<br><b>265 Belltown Rd</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | City<br><b>South Glastonbury</b>                                                                                                            |                                    | State<br><b>CT</b>                           | Zip Code<br><b>06073</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>\$1,041.98</b> | <b>\$1,041.98</b>                |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Baron</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>Adrian</b>                                                                                                                      |                                    | MI                                         | Contribution ID #<br><b>2192</b> |
| Residential Street Address<br><b>62 Silver St</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | City<br><b>New Britain</b>                                                                                                                  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06053</b>         |
| Principal Occupation<br><b>Lawyer</b>                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | Name of Employer<br><b>Podorowsky Thompson and Baron</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>05272026E</b>                                                                                                                                | 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>\$500.00</b> | <b>\$500.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Brandes</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Lisa</b>                                                                                                                        |                                    | MI                                         | Contribution ID #<br><b>2193</b> |
| Residential Street Address<br><b>162 Willard St</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>New Haven</b>                                                                                                                    |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06515</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>\$104.48</b> | <b>\$104.48</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Eaddy</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>Nicole</b>                                                                                                                      |                                    | MI                                        | Contribution ID #<br><b>2194</b> |
| Residential Street Address<br><b>230 E Ave C208</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>Norwalk</b>                                                                                                                      |                                    | State<br><b>CT</b>                        | Zip Code                         |
| Principal Occupation<br><b>Finance</b>                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | Name of Employer<br><b>GameChange Solar</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>\$75.00</b> | <b>\$50.00</b>                   |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                    |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>SilverSmith                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | First<br>Cathryn                                                                                                                            |                             | MI                                 | Contribution ID #<br>2195 |
| Residential Street Address<br>95 Seckar Rd                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | City<br>Ashford                                                                                                                             |                             | State<br>CT                        | Zip Code<br>06278         |
| Principal Occupation<br>First Selectwoman                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | Name of Employer<br>Town of Ashford, CT                                                                                                     |                             |                                    |                           |
| 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>06/30/2026 | Aggregate Contributions<br>\$52.40 | \$52.40                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Wyatt                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | First<br>Michele                                                                                                                            |                             | MI                                  | Contribution ID #<br>2196 |
| Residential Street Address<br>14 Beech Pl                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | City<br>Colchester                                                                                                                          |                             | State<br>CT                         | Zip Code<br>06415         |
| Principal Occupation<br>Tax Collector                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | Name of Employer<br>Town Of Colchester                                                                                                      |                             |                                     |                           |
| 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>06/30/2026 | Aggregate Contributions<br>\$131.15 | \$26.35                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Mullen                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | First<br>Jolene                                                                                                                             |                             | MI                                  | Contribution ID #<br>2197 |
| Residential Street Address<br>64 Old Ridge Rd                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | City<br>New Milford                                                                                                                         |                             | State<br>CT                         | Zip Code<br>06776         |
| 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>06/30/2026 | Aggregate Contributions<br>\$104.48 | \$104.48                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                             |                                     |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Aina                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | First<br>Ola                                                                                                                                |                             | MI                                  | Contribution ID #<br>2198 |
| Residential Street Address<br>2 Brooke St                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | City<br>Bloomfield                                                                                                                          |                             | State<br>CT                         | Zip Code<br>06002         |
| Principal Occupation<br>Consultant                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | Name of Employer<br>interNESS llc.                                                                                                          |                             |                                     |                           |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>06012026G</u>                                                                                                                                | 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>\$313.13 | \$52.40                   |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Silvers</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Brett</b>                                                                                                                       |                                    | MI                                         | Contribution ID #<br><b>2199</b> |
| Residential Street Address<br><b>61 Ledyard Rd</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | City<br><b>West Hartford</b>                                                                                                                |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06117</b>         |
| Principal Occupation<br><b>Commercial Finance</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | Name of Employer<br><b>WorldBusiness Capital, Inc.</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>\$500.00</b> | <b>\$500.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Clausen</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Michael</b>                                                                                                                     |                                    | MI                                         | Contribution ID #<br><b>2200</b> |
| Residential Street Address<br><b>18708 Laramie Well Cv</b>                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | City<br><b>Austin</b>                                                                                                                       |                                    | State<br><b>TX</b>                         | Zip Code<br><b>78738</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>\$313.44</b> | <b>\$104.48</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Gibson</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Bobby</b>                                                                                                                       |                                    | MI                                         | Contribution ID #<br><b>2201</b> |
| Residential Street Address<br><b>5 Greenbrier Dr .</b>                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | City<br><b>Bloomfield</b>                                                                                                                   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06002</b>         |
| Principal Occupation<br><b>Educator</b>                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | Name of Employer<br><b>Our Families</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b><u>06012026G</u></b>                                                                                                                         | 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>\$260.73</b> | <b>\$260.73</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Moriarty</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | First<br><b>Leslie</b>                                                                                                                      |                                    | MI                                         | Contribution ID #<br><b>2202</b> |
| Residential Street Address<br><b>150 Parsonage Rd</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>06/30/2026</b> | Aggregate Contributions<br><b>\$250.00</b> | <b>\$250.00</b>                  |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                              |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------|----------------------------------|
| Last Name<br><b>LeShane</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Patricia</b>                                                                                                                    |                                    | MI                                           | Contribution ID #<br><b>2203</b> |
| Residential Street Address<br><b>1090 Prospect Ave</b>                                                                                                                                                                                                                                                               |                                                                                                                                                                                                | City<br><b>Hartford</b>                                                                                                                     |                                    | State<br><b>CT</b>                           | Zip Code<br><b>06105</b>         |
| Principal Occupation<br><b>Consultant</b>                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | Name of Employer<br><b>Sullivan &amp; LeShane Public Relations</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>06/30/2026</b> | Aggregate Contributions<br><b>\$1,000.00</b> | <b>\$1,000.00</b>                |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Mangiafico</b>                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                | First<br><b>Sebastiano</b>                                                                                                                  |                                    | MI                                         | Contribution ID #<br><b>2204</b> |
| Residential Street Address<br><b>35 Sullivan Farm Rd .</b>                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | City<br><b>Broad Brook</b>                                                                                                                  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06016</b>         |
| Principal Occupation<br><b>Principal</b>                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | Name of Employer<br><b>Star Flooring</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>06/30/2026</b> | Aggregate Contributions<br><b>\$300.00</b> | <b>\$300.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Stratoti</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | First<br><b>Raymond</b>                                                                                                                     |                                    | MI                                         | Contribution ID #<br><b>2205</b> |
| Residential Street Address<br><b>2 Aarons Way</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | City<br><b>East Hampton</b>                                                                                                                 |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06424</b>         |
| Principal Occupation<br><b>Accountant</b>                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | Name of Employer<br><b>SRC Construction 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 checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br><b>06/30/2026</b> | Aggregate Contributions<br><b>\$750.00</b> | <b>\$750.00</b>                  |

|                                                                                                                  |  |  |  |  |                     |
|------------------------------------------------------------------------------------------------------------------|--|--|--|--|---------------------|
| <b>Total of Section B</b>                                                                                        |  |  |  |  | <b>\$205,314.07</b> |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS</b> (Sections A + B) (Total on Line 14, Column A of Summary Page) |  |  |  |  | <b>\$205,314.07</b> |

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

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

**C1. Contributions from Other Committees**

|                               |                                         |
|-------------------------------|-----------------------------------------|
| Name of Committee<br>GLux PAC | Name of Treasurer<br>Matthew S Kosinski |
|-------------------------------|-----------------------------------------|

|                             |                                                                                                                                              |                        |
|-----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| Address<br>93 Plymouth Ln   | Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Amount of Contribution |
|                             | If yes, list Event #                                                                                                                         |                        |
| City<br>Manchester          | State<br>CT                                                                                                                                  | Zip Code<br>06040      |
| Date Received<br>04/15/2026 | Aggregate Contributions<br>\$1,000.00                                                                                                        | \$1,000.00             |

|                                                                                     |                                      |
|-------------------------------------------------------------------------------------|--------------------------------------|
| Name of Committee<br>International Brotherhood Of Electrical Workers Local Union 35 | Name of Treasurer<br>Michael L Nealy |
|-------------------------------------------------------------------------------------|--------------------------------------|

|                             |                                                                                                                                              |                        |
|-----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| Address<br>208 Murphy Rd    | Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Amount of Contribution |
|                             | If yes, list Event #                                                                                                                         |                        |
| City<br>Hartford            | State<br>CT                                                                                                                                  | Zip Code<br>06114      |
| Date Received<br>04/15/2026 | Aggregate Contributions<br>\$900.00                                                                                                          | \$900.00               |

|                                                    |                                   |
|----------------------------------------------------|-----------------------------------|
| Name of Committee<br>Sheet Metal Workers Local #40 | Name of Treasurer<br>FRED N DESCY |
|----------------------------------------------------|-----------------------------------|

|                              |                                                                                                                                              |                        |
|------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| Address<br>100A Old Forge Rd | Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Amount of Contribution |
|                              | If yes, list Event #                                                                                                                         |                        |
| City<br>Rocky Hill           | State<br>CT                                                                                                                                  | Zip Code<br>06067      |
| Date Received<br>04/15/2026  | Aggregate Contributions<br>\$500.00                                                                                                          | \$500.00               |

|                                                                                                          |                                     |
|----------------------------------------------------------------------------------------------------------|-------------------------------------|
| Name of Committee<br>International Union Of Painters & Allied Trades Legislative & Educational Committee | Name of Treasurer<br>Jason Werthman |
|----------------------------------------------------------------------------------------------------------|-------------------------------------|

|                             |                                                                                                                                              |                        |
|-----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| Address<br>7234 Parkway Dr  | Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Amount of Contribution |
|                             | If yes, list Event #                                                                                                                         |                        |
| City<br>Hanover             | State<br>MD                                                                                                                                  | Zip Code<br>21076      |
| Date Received<br>04/15/2026 | Aggregate Contributions<br>\$2,000.00                                                                                                        | \$2,000.00             |

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

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

**C1. Contributions from Other Committees**

|                                                                                   |             |                   |                                                                                                                                              |                                         |                        |
|-----------------------------------------------------------------------------------|-------------|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|------------------------|
| Name of Committee<br>International Brotherhood of Electrical Workers Local 90 PAC |             |                   |                                                                                                                                              | Name of Treasurer<br>John J Bacchiocchi |                        |
| Address<br>2 N Plains Industrial Rd                                               |             |                   | Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                         | Amount of Contribution |
|                                                                                   |             |                   | If yes, list Event #                                                                                                                         |                                         |                        |
| City<br>Wallingford                                                               | State<br>CT | Zip Code<br>06492 | Date Received<br>05/01/2026                                                                                                                  | Aggregate Contributions<br>\$500.00     | \$500.00               |

  

|                                       |             |                   |                                                                                                                                              |                                     |                        |
|---------------------------------------|-------------|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------|
| Name of Committee<br>Stratford Future |             |                   |                                                                                                                                              | Name of Treasurer<br>Allen S Martin |                        |
| Address<br>284 Mary Ave               |             |                   | Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     | Amount of Contribution |
|                                       |             |                   | If yes, list Event #                                                                                                                         |                                     |                        |
| City<br>Stratford                     | State<br>CT | Zip Code<br>06614 | Date Received<br>05/17/2026                                                                                                                  | Aggregate Contributions<br>\$250.00 | \$250.00               |

  

|                                   |             |                   |                                                                                                                                              |                                        |                        |
|-----------------------------------|-------------|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|------------------------|
| Name of Committee<br>IRON PAC 424 |             |                   |                                                                                                                                              | Name of Treasurer<br>Gregory S Schultz |                        |
| Address<br>15 Bernhard Rd         |             |                   | Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                        | Amount of Contribution |
|                                   |             |                   | If yes, list Event #                                                                                                                         |                                        |                        |
| City<br>North Haven               | State<br>CT | Zip Code<br>06473 | Date Received<br>06/08/2026                                                                                                                  | Aggregate Contributions<br>\$1,000.00  | \$1,000.00             |

  

|                                               |             |                   |                                                                                                                                              |                                       |                        |
|-----------------------------------------------|-------------|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|------------------------|
| Name of Committee<br>Connecticut Chapter 1150 |             |                   |                                                                                                                                              | Name of Treasurer<br>Rocco J Calo     |                        |
| Address<br>150 Garfield Ave                   |             |                   | Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       | Amount of Contribution |
|                                               |             |                   | If yes, list Event #                                                                                                                         |                                       |                        |
| City<br>Stratford                             | State<br>CT | Zip Code<br>06615 | Date Received<br>06/23/2026                                                                                                                  | Aggregate Contributions<br>\$3,000.00 | \$3,000.00             |

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

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

**C1. Contributions from Other Committees**

|                                                                          |                                    |
|--------------------------------------------------------------------------|------------------------------------|
| Name of Committee<br>Connecticut Firefighters Political Action Committee | Name of Treasurer<br>James F Marks |
|--------------------------------------------------------------------------|------------------------------------|

|                             |                                                                                                                                              |                        |
|-----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| Address<br>30 Sherman St    | Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Amount of Contribution |
|                             | If yes, list Event #                                                                                                                         |                        |
| City<br>West Hartford       | State<br>CT                                                                                                                                  | Zip Code<br>06110      |
| Date Received<br>06/23/2026 | Aggregate Contributions<br>\$1,500.00                                                                                                        | \$1,500.00             |

|                                                              |                                     |
|--------------------------------------------------------------|-------------------------------------|
| Name of Committee<br>Windsor Locks Democratic Town Committee | Name of Treasurer<br>Rosemary Hogan |
|--------------------------------------------------------------|-------------------------------------|

|                             |                                                                                                                                              |                        |
|-----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| Address<br>50 Church St     | Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Amount of Contribution |
|                             | If yes, list Event #                                                                                                                         |                        |
| City<br>Windsor Locks       | State<br>CT                                                                                                                                  | Zip Code<br>06096      |
| Date Received<br>06/24/2026 | Aggregate Contributions<br>\$500.00                                                                                                          | \$500.00               |

|                                                                    |                                  |
|--------------------------------------------------------------------|----------------------------------|
| Name of Committee<br>Local 371 U.F.C.W. Political Action Committee | Name of Treasurer<br>Keri Hoehne |
|--------------------------------------------------------------------|----------------------------------|

|                             |                                                                                                                                              |                        |
|-----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| Address<br>290 Post Rd W    | Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Amount of Contribution |
|                             | If yes, list Event #                                                                                                                         |                        |
| City<br>Westport            | State<br>CT                                                                                                                                  | Zip Code<br>06880      |
| Date Received<br>06/25/2026 | Aggregate Contributions<br>\$750.00                                                                                                          | \$750.00               |

|                                                        |                                    |
|--------------------------------------------------------|------------------------------------|
| Name of Committee<br>Connecticut Funeral Directors PAC | Name of Treasurer<br>Jesse M Gomes |
|--------------------------------------------------------|------------------------------------|

|                                  |                                                                                                                                              |                        |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| Address<br>364 Silas Deane Hwy . | Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Amount of Contribution |
|                                  | If yes, list Event #                                                                                                                         |                        |
| City<br>Wethersfield             | State<br>CT                                                                                                                                  | Zip Code<br>06109      |
| Date Received<br>06/26/2026      | 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                           |                    |
| Bysiewicz for CT                                                         |             |                   |                                                                                                                                              |                                       | July 10 Filing - Original                |                    |
| <b>C1. Contributions from Other Committees</b>                           |             |                   |                                                                                                                                              |                                       |                                          |                    |
| Name of Committee<br>New England Regional Council Of Carpenters Conn OPC |             |                   |                                                                                                                                              | Name of Treasurer<br>David S Silvay   |                                          |                    |
| Address<br>500 Main St                                                   |             |                   | Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       | Amount of Contribution<br><br>\$3,000.00 |                    |
|                                                                          |             |                   | If yes, list Event #                                                                                                                         |                                       |                                          |                    |
| City<br>Wallingford                                                      | State<br>CT | Zip Code<br>06492 | Date Received<br>06/30/2026                                                                                                                  | Aggregate Contributions<br>\$3,000.00 |                                          |                    |
| <b>Total of Section C1</b>                                               |             |                   |                                                                                                                                              |                                       |                                          | <b>\$15,150.00</b> |

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

|                                                                          |             |          |                                                                                                     |                   |                           |                   |
|--------------------------------------------------------------------------|-------------|----------|-----------------------------------------------------------------------------------------------------|-------------------|---------------------------|-------------------|
| NAME OF COMMITTEE                                                        |             |          |                                                                                                     |                   | TYPE OF REPORT            |                   |
| Bysiewicz for CT                                                         |             |          |                                                                                                     |                   | 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            |
|-------------------|---------------------------|
| Bysiewicz for CT  | 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            |
|-------------------|---------------------------|
| Bysiewicz for CT  | 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            |
|-------------------|---------------------------|
| Bysiewicz for CT  | 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            |
|-------------------|---------------------------|
| Bysiewicz for CT  | July 10 Filing - Original |

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

| Purpose of Grant:                                                                            | Grant Cycle:                                                               | Date Received | Amount |
|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|---------------|--------|
| <div>Initial</div> <div>Grant Adjustment</div> <div>Supplemental/Post Election Deficit</div> | <div>Primary</div> <div>General Election</div> <div>Special Election</div> |               |        |
| <b>Total of Section H</b>                                                                    |                                                                            |               |        |

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

| NAME OF COMMITTEE | TYPE OF REPORT            |
|-------------------|---------------------------|
| Bysiewicz for CT  | July 10 Filing - Original |

**I. Miscellaneous Monetary Receipts not Considered Contributions**

| 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            |
|-------------------------------------------------------------------------|---------------------------|
| Bysiewicz for CT                                                        | July 10 Filing - Original |

### J1. Event Information

|                                                                                                                                                |                    |                                                                     |                                                                                                                                                                                                               |
|------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Event #</b><br>Date of Event<br>05/17/2026                                                                                                  | <b>Letter</b><br>A | <b>Description</b><br>Home Fundraiser                               | <b>Was this a fundraising event?</b><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                   |
| <b>Location: Street Address</b><br>134 Victoria Lawn                                                                                           |                    | <b>City</b><br>Stratford                                            | <b>State</b><br>CT                                                                                                                                                                                            |
| <b>Zip Code</b><br>06615                                                                                                                       |                    |                                                                     |                                                                                                                                                                                                               |
| Was this event hosted at a personal residence?                                                                                                 |                    | <input checked="" type="checkbox"/> Yes <input 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 <input checked="" type="checkbox"/> No | If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.                                                                                                    |
| <b>Subpart 1:</b><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 <input checked="" type="checkbox"/> No | (If yes, enter Total Receipts here.)<br><div style="border: 1px solid black; padding: 2px; text-align: right;">\$0.00</div>                                                                                   |

|                                                                                                                                                |                    |                                                                     |                                                                                                                                                                                                               |
|------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Event #</b><br>Date of Event<br>05/17/2026                                                                                                  | <b>Letter</b><br>B | <b>Description</b><br>Home Fundraiser                               | <b>Was this a fundraising event?</b><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                   |
| <b>Location: Street Address</b><br>60 E Warf                                                                                                   |                    | <b>City</b><br>Madison                                              | <b>State</b><br>CT                                                                                                                                                                                            |
| <b>Zip Code</b><br>06443                                                                                                                       |                    |                                                                     |                                                                                                                                                                                                               |
| Was this event hosted at a personal residence?                                                                                                 |                    | <input checked="" type="checkbox"/> Yes <input 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 <input checked="" type="checkbox"/> No | If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.                                                                                                    |
| <b>Subpart 1:</b><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 <input checked="" type="checkbox"/> No | (If yes, enter Total Receipts here.)<br><div style="border: 1px solid black; padding: 2px; text-align: right;">\$0.00</div>                                                                                   |

|                                                                                                                                                |                    |                                                                     |                                                                                                                                                                                                               |
|------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Event #</b><br>Date of Event<br>05/21/2026                                                                                                  | <b>Letter</b><br>C | <b>Description</b><br>Home Fundraiser                               | <b>Was this a fundraising event?</b><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                   |
| <b>Location: Street Address</b><br>29 Parmalee Hill Rd                                                                                         |                    | <b>City</b><br>Newtown                                              | <b>State</b><br>CT                                                                                                                                                                                            |
| <b>Zip Code</b><br>06470                                                                                                                       |                    |                                                                     |                                                                                                                                                                                                               |
| Was this event hosted at a personal residence?                                                                                                 |                    | <input checked="" type="checkbox"/> Yes <input 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 <input checked="" type="checkbox"/> No | If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.                                                                                                    |
| <b>Subpart 1:</b><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 <input checked="" type="checkbox"/> No | (If yes, enter Total Receipts here.)<br><div style="border: 1px solid black; padding: 2px; text-align: right;">\$0.00</div>                                                                                   |

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

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)                                                                        |  |                                            |                                                                        | TYPE OF REPORT                                                                                                                                                                                                |                          |
|------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| Bysiewicz for CT                                                                                                                               |  |                                            |                                                                        | July 10 Filing - Original                                                                                                                                                                                     |                          |
| J1. Event Information                                                                                                                          |  |                                            |                                                                        |                                                                                                                                                                                                               |                          |
| <b>Event #</b><br>Date of Event<br>05/26/2026                                                                                                  |  | <b>Description</b><br>Meet and Greet Event |                                                                        | <b>Was this a fundraising event?</b><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                   |                          |
| <b>Location: Street Address</b><br>40 Bank St                                                                                                  |  |                                            | <b>City</b><br>New London                                              | <b>State</b><br>CT                                                                                                                                                                                            | <b>Zip Code</b><br>06320 |
| 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.                                                                                                    |                          |
| <b>Subpart 1:</b><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; padding: 2px;">\$0.00</div>                                                                     |                          |

  

|                                                                                                                                                |  |                                       |                                                                        |                                                                                                                                                                                                               |                          |
|------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| <b>Event #</b><br>Date of Event<br>05/27/2026                                                                                                  |  | <b>Description</b><br>Home Fundraiser |                                                                        | <b>Was this a fundraising event?</b><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                   |                          |
| <b>Location: Street Address</b><br>47 Kory Ln                                                                                                  |  |                                       | <b>City</b><br>Bristol                                                 | <b>State</b><br>CT                                                                                                                                                                                            | <b>Zip Code</b><br>06010 |
| Was this event hosted at a personal residence?                                                                                                 |  |                                       | <input checked="" type="checkbox"/> Yes<br><input 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.                                                                                                    |                          |
| <b>Subpart 1:</b><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; padding: 2px;">\$0.00</div>                                                                     |                          |

  

|                                                                                                                                                |  |                                       |                                                                        |                                                                                                                                                                                                               |                          |
|------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| <b>Event #</b><br>Date of Event<br>05/30/2026                                                                                                  |  | <b>Description</b><br>Home Fundraiser |                                                                        | <b>Was this a fundraising event?</b><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                   |                          |
| <b>Location: Street Address</b><br>110 Bolivia St                                                                                              |  |                                       | <b>City</b><br>Willimantic                                             | <b>State</b><br>CT                                                                                                                                                                                            | <b>Zip Code</b><br>06226 |
| Was this event hosted at a personal residence?                                                                                                 |  |                                       | <input checked="" type="checkbox"/> Yes<br><input 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.                                                                                                    |                          |
| <b>Subpart 1:</b><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; padding: 2px;">\$0.00</div>                                                                     |                          |

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

|                                                                                                                                         |             |                                                                     |                                                                                                                                                                                                               |                   |
|-----------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)                                                                 |             |                                                                     | TYPE OF REPORT                                                                                                                                                                                                |                   |
| Bysiewicz for CT                                                                                                                        |             |                                                                     | July 10 Filing - Original                                                                                                                                                                                     |                   |
| <b>J1. Event Information</b>                                                                                                            |             |                                                                     |                                                                                                                                                                                                               |                   |
| Event #<br>Date of Event<br>06/01/2026                                                                                                  | Letter<br>G | Description<br>Home Fundraiser                                      | Was this a fundraising event?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                          |                   |
| Location: Street Address<br>75 Westerly Ter                                                                                             |             | City<br>Hartford                                                    | State<br>CT                                                                                                                                                                                                   | Zip Code<br>06105 |
| Was this event hosted at a personal residence?                                                                                          |             | <input checked="" type="checkbox"/> Yes <input 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 <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 <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>                                                                                   |                   |
| Event #<br>Date of Event<br>06/10/2026                                                                                                  | Letter<br>H | Description<br>Home Fundraiser                                      | Was this a fundraising event?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                          |                   |
| Location: Street Address<br>311 Hartford Ave                                                                                            |             | City<br>Wethersfield                                                | State<br>CT                                                                                                                                                                                                   | Zip Code<br>06109 |
| Was this event hosted at a personal residence?                                                                                          |             | <input checked="" type="checkbox"/> Yes <input 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 <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 <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>                                                                                   |                   |
| Event #<br>Date of Event<br>06/14/2026                                                                                                  | Letter<br>I | Description<br>Home Fundraiser                                      | Was this a fundraising event?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                          |                   |
| Location: Street Address<br>6 Washington Rdg                                                                                            |             | City<br>East Granby                                                 | State<br>CT                                                                                                                                                                                                   | Zip Code<br>06026 |
| Was this event hosted at a personal residence?                                                                                          |             | <input checked="" type="checkbox"/> Yes <input 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 <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 <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>                                                                                   |                   |

| II. EVENT ACTIVITY (Sections J1 - J4)                                                                                                          |               |        |                                                                     |                                                                                                                                                                                                               |               |
|------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------|---------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)                                                                        |               |        |                                                                     | TYPE OF REPORT                                                                                                                                                                                                |               |
| Bysiewicz for CT                                                                                                                               |               |        |                                                                     | July 10 Filing - Original                                                                                                                                                                                     |               |
| J1. Event Information                                                                                                                          |               |        |                                                                     |                                                                                                                                                                                                               |               |
| Event #                                                                                                                                        | Date of Event | Letter | Description                                                         | Was this a fundraising event?                                                                                                                                                                                 |               |
|                                                                                                                                                | 06/17/2026    | J      | Meet and Greet Event                                                | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                           |               |
| Location: Street Address                                                                                                                       |               |        | City                                                                | State                                                                                                                                                                                                         | Zip Code      |
| 1388 E Main St                                                                                                                                 |               |        | Meriden                                                             | CT                                                                                                                                                                                                            | 06450         |
| Was this event hosted at a personal residence?                                                                                                 |               |        | <input type="checkbox"/> Yes <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 <input checked="" type="checkbox"/> No | If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.                                                                                                    |               |
| <b>Subpart 1:</b><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 <input checked="" type="checkbox"/> No | (If yes, enter Total Receipts here.)<br><div style="border: 1px solid black; width: 100px; text-align: right; padding: 2px;">\$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            |                                                                                                              |
| Bysiewicz for CT                                                           |  |         |                                                                                                        | July 10 Filing - Original |                                                                                                              |
| J3. In-Kind Donations Not Considered Contributions                         |  |         |                                                                                                        |                           |                                                                                                              |
| Name of the Donor                                                          |  |         |                                                                                                        |                           |                                                                                                              |
| Street Address                                                             |  |         | City                                                                                                   | State                     | Zip Code                                                                                                     |
| Donation Given by:<br>Individual<br>Business Entity<br>Sole Proprietorship |  |         | Description of Donation<br><div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div> |                           | Fair Market Value of Donation<br><div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div> |
| Date Received                                                              |  | Event # | Aggregate value for this event                                                                         |                           |                                                                                                              |
| <b>Total of Section J3</b>                                                 |  |         |                                                                                                        |                           |                                                                                                              |

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

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

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

|                                     |                                                         |                                                                                                                                                                         |                                               |
|-------------------------------------|---------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| Name of Host<br>Roberta Lombardi    |                                                         | Is this event supporting more than one candidate?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, complete Itemization in Addendum J4 |                                               |
| Street Address<br>60 E Warf         | City<br>Madison                                         | State<br>CT                                                                                                                                                             | Zip Code<br>06443                             |
| Description of Donation<br>catering |                                                         |                                                                                                                                                                         | Fair Market Value of Donation<br><br>\$500.00 |
| Event #<br>05172026B                | Aggregate value of this Event - all hosts<br>\$1,000.00 | Aggregate value of all Events - this host/candidate<br>\$500.00                                                                                                         |                                               |

|                                     |                                                         |                                                                                                                                                                         |                                               |
|-------------------------------------|---------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| Name of Host<br>Thomas Lombardi     |                                                         | Is this event supporting more than one candidate?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, complete Itemization in Addendum J4 |                                               |
| Street Address<br>60 E Warf         | City<br>Madison                                         | State<br>CT                                                                                                                                                             | Zip Code<br>06443                             |
| Description of Donation<br>catering |                                                         |                                                                                                                                                                         | Fair Market Value of Donation<br><br>\$500.00 |
| Event #<br>05172026B                | Aggregate value of this Event - all hosts<br>\$1,000.00 | Aggregate value of all Events - this host/candidate<br>\$500.00                                                                                                         |                                               |

|                                           |                                                       |                                                                                                                                                                         |                                               |
|-------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| Name of Host<br>Ellen Zappo               |                                                       | Is this event supporting more than one candidate?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, complete Itemization in Addendum J4 |                                               |
| Street Address<br>47 Kory Ln              | City<br>Bristol                                       | State<br>CT                                                                                                                                                             | Zip Code<br>06010                             |
| Description of Donation<br>food & cutlery |                                                       |                                                                                                                                                                         | Fair Market Value of Donation<br><br>\$462.24 |
| Event #<br>05272026E                      | Aggregate value of this Event - all hosts<br>\$962.24 | Aggregate value of all Events - this host/candidate<br>\$462.24                                                                                                         |                                               |

|                                         |                                                       |                                                                                                                                                                         |             |
|-----------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| Name of Host<br>Paul Sassu              |                                                       | Is this event supporting more than one candidate?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, complete Itemization in Addendum J4 |             |
| Street Address<br>47 Kory Ln            |                                                       | City<br>Bristol                                                                                                                                                         | State<br>CT |
| Description of Donation<br>mocktail bar |                                                       | Fair Market Value of Donation<br>\$500.00                                                                                                                               |             |
| Event #<br>05272026E                    | Aggregate value of this Event - all hosts<br>\$962.24 | Aggregate value of all Events - this host/candidate<br>\$500.00                                                                                                         |             |

|                     |  |            |
|---------------------|--|------------|
| Total of Section J4 |  | \$1,962.24 |
|---------------------|--|------------|

### III. NONMONETARY RECEIPTS (Sections K - L)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT            |
|-------------------------------------------------------------------------|---------------------------|
| Bysiewicz for CT                                                        | July 10 Filing - Original |
| <b>K. In-Kind Contributions</b>                                         |                           |

|                                                                                                                                                        |                                                                                                                                                                                                                                               |                                                               |             |                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|-------------|-------------------|
| Name<br>Roberta Lombardi                                                                                                                               |                                                                                                                                                                                                                                               |                                                               |             |                   |
| Street Address<br>60 E Wharf Rd                                                                                                                        |                                                                                                                                                                                                                                               | City<br>Madison                                               | State<br>CT | Zip Code<br>06443 |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event# <u>05172026B</u>                                          | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                                                                                                        | Description of In-Kind Contribution<br>catered food for event |             |                   |
| Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No         | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative | Fair Market Value of this Contribution                        |             |                   |
| Type of Contributor:<br><input checked="" type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Sole Proprietorship | Date Received<br>05/17/2026                                                                                                                                                                                                                   | Aggregate contributions<br>\$1,334.73                         | \$334.73    |                   |

|                                                                                                                                                        |                                                                                                                                                                                                                                               |                                                                                        |             |                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------|-------------------|
| Name<br>Peter Sassu                                                                                                                                    |                                                                                                                                                                                                                                               |                                                                                        |             |                   |
| Street Address<br>47 Kory Ln                                                                                                                           |                                                                                                                                                                                                                                               | City<br>Bristol                                                                        | State<br>CT | Zip Code<br>06010 |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event# <u>05272026E</u>                                          | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                                                                                                        | Description of In-Kind Contribution<br>mocktail bar/amount above house party exception |             |                   |
| Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No         | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative | Fair Market Value of this Contribution                                                 |             |                   |
| Type of Contributor:<br><input checked="" type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Sole Proprietorship | Date Received<br>05/27/2026                                                                                                                                                                                                                   | Aggregate contributions<br>\$36.75                                                     | \$36.75     |                   |

Total of Section K

**\$371.48**

### III. Non Monetary Receipts (Sections K - L)

|                                                                         |                           |
|-------------------------------------------------------------------------|---------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT            |
| Bysiewicz for CT                                                        | July 10 Filing - Original |
| <b>L. Refundable Deposit to Telephone Company</b>                       |                           |

|                            |            |       |                   |
|----------------------------|------------|-------|-------------------|
| 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            |
| Bysiewicz for CT                                                        | July 10 Filing - Original |
| <b>N. Expenses Paid By Committee</b>                                    |                           |

|                                                                                                                                                                                                                              |                                                               |                                  |                                                                                                                                         |                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| Name of Payee<br>EveryAction, Inc. d/b/a NGP VAN                                                                                                                                                                             |                                                               | Date of Payment<br>04/03/2026    | Method of Payment<br><input type="checkbox"/> Check #<br><input type="checkbox"/> Debit Card<br><input checked="" type="checkbox"/> EFT |                          |
| Street Address<br>750 17th St NW Fl 3                                                                                                                                                                                        |                                                               | City<br>Washington               | State<br>DC                                                                                                                             | Zip Code<br>20006        |
| Purpose of Expendit<br>Misc *                                                                                                                                                                                                | Description<br>Monthly Fundraising & Compliance Standard Acct |                                  |                                                                                                                                         | Amount<br><br>\$2,299.00 |
| 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 #                                                                                                                                 |                          |

|                                                                                                                                                                                                                              |                                    |                                  |                                                                                                                                         |                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| Name of Payee<br>Staples                                                                                                                                                                                                     |                                    | Date of Payment<br>04/07/2026    | Method of Payment<br><input type="checkbox"/> Check #<br><input checked="" type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                       |
| Street Address<br>145 N Colony R                                                                                                                                                                                             |                                    | City<br>Wallingford              | State<br>CT                                                                                                                             | Zip Code<br>06492     |
| Purpose of Expendit<br>OVHD                                                                                                                                                                                                  | Description<br>treasurer materials |                                  |                                                                                                                                         | Amount<br><br>\$43.75 |
| 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 #                                                                                                                                 |                       |

|                                                                                                                                                                                                                              |                                    |                                  |                                                                                                                                         |                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| Name of Payee<br>Comcast Business                                                                                                                                                                                            |                                    | Date of Payment<br>04/10/2026    | Method of Payment<br><input type="checkbox"/> Check #<br><input type="checkbox"/> Debit Card<br><input checked="" type="checkbox"/> EFT |                        |
| Street Address<br>676 Island Pond Rd                                                                                                                                                                                         |                                    | City<br>Manchester               | State<br>NH                                                                                                                             | Zip Code<br>03109      |
| Purpose of Expendit<br>WEB                                                                                                                                                                                                   | Description<br>Internet bill March |                                  |                                                                                                                                         | Amount<br><br>\$285.57 |
| 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 #                                                                                                                                 |                        |

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

|                                                                         |                           |
|-------------------------------------------------------------------------|---------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT            |
| Bysiewicz for CT                                                        | July 10 Filing - Original |
| <b>N. Expenses Paid By Committee</b>                                    |                           |

|                                                                                                                                                                                                                                    |                                         |                                  |                                                                                                                                                     |                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| Name of Payee<br>Thomas Peters                                                                                                                                                                                                     |                                         | Date of Payment<br>04/12/2026    | Method of Payment<br><input checked="" type="checkbox"/> Check # <u>1026</u><br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                          |
| Street Address<br>160 Daisy Ln                                                                                                                                                                                                     |                                         | City<br>Durham                   | State<br>CT                                                                                                                                         | Zip Code<br>06422        |
| Purpose of Expendit<br>CNSLT                                                                                                                                                                                                       | Description<br>contractor INV 3/15-3/31 |                                  |                                                                                                                                                     | Amount<br><br>\$1,500.00 |
| 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 #                                                                                                                                             |                          |

|                                                                                                                                                                                                                                    |                                                                |                                  |                                                                                                                                                     |                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| Name of Payee<br>Thomas Peters                                                                                                                                                                                                     |                                                                | Date of Payment<br>04/12/2026    | Method of Payment<br><input checked="" type="checkbox"/> Check # <u>1027</u><br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                       |
| Street Address<br>160 Daisy Ln                                                                                                                                                                                                     |                                                                | City<br>Durham                   | State<br>CT                                                                                                                                         | Zip Code<br>06422     |
| Purpose of Expendit<br>RMB                                                                                                                                                                                                         | Description<br>RMB stamps 3/24 USPS; previous expense incurred |                                  |                                                                                                                                                     | Amount<br><br>\$78.00 |
| 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 #                                                                                                                                             |                       |

|                                                                                                                                                                                                                                    |                              |                                  |                                                                                                                                                     |                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| Name of Payee<br>Casa Nona, LLC                                                                                                                                                                                                    |                              | Date of Payment<br>04/20/2026    | Method of Payment<br><input checked="" type="checkbox"/> Check # <u>1028</u><br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                        |
| Street Address<br>90 Court St .                                                                                                                                                                                                    |                              | City<br>Middletown               | State<br>CT                                                                                                                                         | Zip Code<br>06457      |
| Purpose of Expendit<br>OVHD                                                                                                                                                                                                        | Description<br>rent HQ April |                                  |                                                                                                                                                     | Amount<br><br>\$400.00 |
| 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 #                                                                                                                                             |                        |

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

|                                                                         |                           |
|-------------------------------------------------------------------------|---------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT            |
| Bysiewicz for CT                                                        | July 10 Filing - Original |
| <b>N. Expenses Paid By Committee</b>                                    |                           |

|                                                                                                                                                                                                                                    |                                        |                                  |                                                                                                                                                     |                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| Name of Payee<br>Thomas Peters                                                                                                                                                                                                     |                                        | Date of Payment<br>04/21/2026    | Method of Payment<br><input checked="" type="checkbox"/> Check # <u>1029</u><br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                          |
| Street Address<br>160 Daisy Ln                                                                                                                                                                                                     |                                        | City<br>Durham                   | State<br>CT                                                                                                                                         | Zip Code<br>06422        |
| Purpose of Expendit<br>CNSLT                                                                                                                                                                                                       | Description<br>contractor INV 4/1-4/14 |                                  |                                                                                                                                                     | Amount<br><br>\$1,500.00 |
| 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 #                                                                                                                                             |                          |

|                                                                                                                                                                                                                                    |                                      |                                  |                                                                                                                                         |                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| Name of Payee<br>Liberty Bank                                                                                                                                                                                                      |                                      | Date of Payment<br>05/05/2026    | Method of Payment<br><input type="checkbox"/> Check #<br><input type="checkbox"/> Debit Card<br><input checked="" type="checkbox"/> EFT |                        |
| Street Address<br>245 Long Hill Rd                                                                                                                                                                                                 |                                      | City<br>Middletown               | State<br>CT                                                                                                                             | Zip Code<br>06457      |
| Purpose of Expendit<br>BNK                                                                                                                                                                                                         | Description<br>Returned Check Charge |                                  |                                                                                                                                         | Amount<br><br>\$100.00 |
| 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 #                                                                                                                                 |                        |

|                                                                                                                                                                                                                                    |                               |                                  |                                                                                                                                         |                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| Name of Payee<br>Liberty Bank                                                                                                                                                                                                      |                               | Date of Payment<br>05/05/2026    | Method of Payment<br><input type="checkbox"/> Check #<br><input type="checkbox"/> Debit Card<br><input checked="" type="checkbox"/> EFT |                       |
| Street Address<br>245 Long Hill Rd                                                                                                                                                                                                 |                               | City<br>Middletown               | State<br>CT                                                                                                                             | Zip Code<br>06457     |
| Purpose of Expendit<br>BNK                                                                                                                                                                                                         | Description<br>Returned Check |                                  |                                                                                                                                         | Amount<br><br>\$15.00 |
| 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 #                                                                                                                                 |                       |

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

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

**N. Expenses Paid By Committee**

|                                                                                                                                                                                                                                    |                                                               |                                  |                                                                                                                                         |             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-------------|
| Name of Payee<br>EveryAction, Inc. d/b/a NGP VAN                                                                                                                                                                                   |                                                               | Date of Payment<br>05/08/2026    | Method of Payment<br><input type="checkbox"/> Check #<br><input type="checkbox"/> Debit Card<br><input checked="" type="checkbox"/> EFT |             |
| Street Address<br>750 17th St NW Fl 3                                                                                                                                                                                              |                                                               | City<br>Washington               |                                                                                                                                         | State<br>DC |
| Zip Code<br>20006                                                                                                                                                                                                                  |                                                               |                                  |                                                                                                                                         |             |
| Purpose of Expendit<br>Misc *                                                                                                                                                                                                      | Description<br>Monthly Fundraising & Compliance Standard Acct |                                  |                                                                                                                                         | Amount      |
| 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 #                                                                                                                                 | \$2,099.00  |

  

|                                                                                                                                                                                                                                    |                                    |                                  |                                                                                                                                         |             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-------------|
| Name of Payee<br>Comcast Business                                                                                                                                                                                                  |                                    | Date of Payment<br>05/11/2026    | Method of Payment<br><input type="checkbox"/> Check #<br><input type="checkbox"/> Debit Card<br><input checked="" type="checkbox"/> EFT |             |
| Street Address<br>676 Island Pond Rd                                                                                                                                                                                               |                                    | City<br>Manchester               |                                                                                                                                         | State<br>NH |
| Zip Code<br>03109                                                                                                                                                                                                                  |                                    |                                  |                                                                                                                                         |             |
| Purpose of Expendit<br>WEB                                                                                                                                                                                                         | Description<br>Internet bill April |                                  |                                                                                                                                         | Amount      |
| 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 #                                                                                                                                 | \$285.57    |

  

|                                                                                                                                                                                                                                    |                       |                                  |                                                                                                                                         |             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-------------|
| Name of Payee<br>Staples                                                                                                                                                                                                           |                       | Date of Payment<br>05/16/2026    | Method of Payment<br><input type="checkbox"/> Check #<br><input checked="" type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |             |
| Street Address<br>49 Putnam Blvd                                                                                                                                                                                                   |                       | City<br>Glastonbury              |                                                                                                                                         | State<br>CT |
| Zip Code<br>06033                                                                                                                                                                                                                  |                       |                                  |                                                                                                                                         |             |
| Purpose of Expendit<br>OFFICE                                                                                                                                                                                                      | Description<br>binder |                                  |                                                                                                                                         | Amount      |
| 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 #                                                                                                                                 | \$6.69      |

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

|                                                                         |                           |
|-------------------------------------------------------------------------|---------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT            |
| Bysiewicz for CT                                                        | July 10 Filing - Original |
| <b>N. Expenses Paid By Committee</b>                                    |                           |

|                                                                                                                                                                                                                                    |                                 |                                  |                                                                                                                                                     |                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| Name of Payee<br>Thomas Peters                                                                                                                                                                                                     |                                 | Date of Payment<br>05/18/2026    | Method of Payment<br><input checked="" type="checkbox"/> Check # <u>1031</u><br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                        |
| Street Address<br>160 Daisy Ln                                                                                                                                                                                                     |                                 | City<br>Durham                   | State<br>CT                                                                                                                                         | Zip Code<br>06422      |
| Purpose of Expendit<br>RMB                                                                                                                                                                                                         | Description<br>postage RMB USPS |                                  |                                                                                                                                                     | Amount<br><br>\$234.00 |
| 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 #                                                                                                                                             |                        |

|                                                                                                                                                                                                                                    |                                         |                                  |                                                                                                                                                     |                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| Name of Payee<br>Thomas Peters                                                                                                                                                                                                     |                                         | Date of Payment<br>05/20/2026    | Method of Payment<br><input checked="" type="checkbox"/> Check # <u>1032</u><br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                          |
| Street Address<br>160 Daisy Ln                                                                                                                                                                                                     |                                         | City<br>Durham                   | State<br>CT                                                                                                                                         | Zip Code<br>06422        |
| Purpose of Expendit<br>CNSLT                                                                                                                                                                                                       | Description<br>contractor INV 4/15-4/30 |                                  |                                                                                                                                                     | Amount<br><br>\$1,500.00 |
| 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 #                                                                                                                                             |                          |

|                                                                                                                                                                                                                                    |                                        |                                  |                                                                                                                                                     |                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| Name of Payee<br>Thomas Peters                                                                                                                                                                                                     |                                        | Date of Payment<br>05/20/2026    | Method of Payment<br><input checked="" type="checkbox"/> Check # <u>1033</u><br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                          |
| Street Address<br>160 Daisy Ln                                                                                                                                                                                                     |                                        | City<br>Durham                   | State<br>CT                                                                                                                                         | Zip Code<br>06422        |
| Purpose of Expendit<br>CNSLT                                                                                                                                                                                                       | Description<br>contractor INV 5/1-5/14 |                                  |                                                                                                                                                     | Amount<br><br>\$1,500.00 |
| 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 #                                                                                                                                             |                          |

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

|                                                                         |                           |
|-------------------------------------------------------------------------|---------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT            |
| Bysiewicz for CT                                                        | July 10 Filing - Original |
| <b>N. Expenses Paid By Committee</b>                                    |                           |

|                                                                                                                                                                                                                              |                            |                                  |                                                                                                                                                     |                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| Name of Payee<br>Casa Nona, LLC                                                                                                                                                                                              |                            | Date of Payment<br>05/26/2026    | Method of Payment<br><input checked="" type="checkbox"/> Check # <u>1030</u><br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                        |
| Street Address<br>90 Court St .                                                                                                                                                                                              |                            | City<br>Middletown               | State<br>CT                                                                                                                                         | Zip Code<br>06457      |
| Purpose of Expendit<br>OVHD                                                                                                                                                                                                  | Description<br>rent HQ May |                                  |                                                                                                                                                     | Amount<br><br>\$400.00 |
| 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 #                                                                                                                                             |                        |

|                                                                                                                                                                                                                              |                                                                |                                  |                                                                                                                                                     |                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| Name of Payee<br>Casa Nona, LLC                                                                                                                                                                                              |                                                                | Date of Payment<br>05/26/2026    | Method of Payment<br><input checked="" type="checkbox"/> Check # <u>1038</u><br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                        |
| Street Address<br>90 Court St .                                                                                                                                                                                              |                                                                | City<br>Middletown               | State<br>CT                                                                                                                                         | Zip Code<br>06457      |
| Purpose of Expendit<br>OVHD                                                                                                                                                                                                  | Description<br>rent HQ June plus prorated rent HQ for 2nd room |                                  |                                                                                                                                                     | Amount<br><br>\$580.00 |
| 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 #                                                                                                                                             |                        |

|                                                                                                                                                                                                                              |                                                                |                                  |                                                                                                                                         |                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| Name of Payee<br>USPS PO 0834380                                                                                                                                                                                             |                                                                | Date of Payment<br>05/28/2026    | Method of Payment<br><input type="checkbox"/> Check #<br><input checked="" type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                       |
| Street Address<br>314 Main St Ste 11                                                                                                                                                                                         |                                                                | City<br>Wallingford              | State<br>CT                                                                                                                             | Zip Code<br>06492     |
| Purpose of Expendit<br>POST                                                                                                                                                                                                  | Description<br>first class mail, return receipt, Charles Berry |                                  |                                                                                                                                         | Amount<br><br>\$11.26 |
| 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 #                                                                                                                                 |                       |

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

|                                                                         |                           |
|-------------------------------------------------------------------------|---------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT            |
| Bysiewicz for CT                                                        | July 10 Filing - Original |
| <b>N. Expenses Paid By Committee</b>                                    |                           |

|                                                                                                                                                                                                                              |                             |                                  |                                                                                                                                                     |                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| Name of Payee<br>Charles Berry                                                                                                                                                                                               |                             | Date of Payment<br>05/28/2026    | Method of Payment<br><input checked="" type="checkbox"/> Check # <u>1034</u><br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                          |
| Street Address<br>35 Baldwin Ct                                                                                                                                                                                              |                             | City<br>Newington                | State<br>CT                                                                                                                                         | Zip Code<br>06111        |
| Purpose of Expendit<br>REF                                                                                                                                                                                                   | Description<br>RFD donation |                                  |                                                                                                                                                     | Amount<br><br>\$2,000.00 |
| 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 #                                                                                                                                             |                          |

|                                                                                                                                                                                                                              |                                                             |                                  |                                                                                                                                                     |                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| Name of Payee<br>Charles Berry                                                                                                                                                                                               |                                                             | Date of Payment<br>05/28/2026    | Method of Payment<br><input checked="" type="checkbox"/> Check # <u>1035</u><br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                       |
| Street Address<br>35 Baldwin Ct                                                                                                                                                                                              |                                                             | City<br>Newington                | State<br>CT                                                                                                                                         | Zip Code<br>06111     |
| Purpose of Expendit<br>REF                                                                                                                                                                                                   | Description<br>RFD donation over max; previous exp incurred |                                  |                                                                                                                                                     | Amount<br><br>\$41.98 |
| 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 #                                                                                                                                             |                       |

|                                                                                                                                                                                                                              |                                                               |                                  |                                                                                                                                         |                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| Name of Payee<br>EveryAction, Inc. d/b/a NGP VAN                                                                                                                                                                             |                                                               | Date of Payment<br>06/05/2026    | Method of Payment<br><input type="checkbox"/> Check #<br><input type="checkbox"/> Debit Card<br><input checked="" type="checkbox"/> EFT |                          |
| Street Address<br>750 17th St NW Fl 3                                                                                                                                                                                        |                                                               | City<br>Washington               | State<br>DC                                                                                                                             | Zip Code<br>20006        |
| Purpose of Expendit<br>Misc *                                                                                                                                                                                                | Description<br>Monthly Fundraising & Compliance Standard Acct |                                  |                                                                                                                                         | Amount<br><br>\$2,299.00 |
| 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 #                                                                                                                                 |                          |

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

|                                                                         |                           |
|-------------------------------------------------------------------------|---------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT            |
| Bysiewicz for CT                                                        | July 10 Filing - Original |
| <b>N. Expenses Paid By Committee</b>                                    |                           |

|                                                                                                                                                                                                                                    |                                   |                                  |                                                                                                                                         |                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| Name of Payee<br>Comcast Business                                                                                                                                                                                                  |                                   | Date of Payment<br>06/10/2026    | Method of Payment<br><input type="checkbox"/> Check #<br><input type="checkbox"/> Debit Card<br><input checked="" type="checkbox"/> EFT |                        |
| Street Address<br>676 Island Pond Rd                                                                                                                                                                                               |                                   | City<br>Manchester               | State<br>NH                                                                                                                             | Zip Code<br>03109      |
| Purpose of Expendit<br>WEB                                                                                                                                                                                                         | Description<br>Internet bill June |                                  |                                                                                                                                         | Amount<br><br>\$285.57 |
| 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 #                                                                                                                                 |                        |

|                                                                                                                                                                                                                                    |                                   |                                  |                                                                                                                                                     |                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| Name of Payee<br>Eric Hyers, Outperform                                                                                                                                                                                            |                                   | Date of Payment<br>06/10/2026    | Method of Payment<br><input checked="" type="checkbox"/> Check # <u>1037</u><br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                          |
| Street Address<br>2044 Eastern Pkwy                                                                                                                                                                                                |                                   | City<br>Louisville               | State<br>KY                                                                                                                                         | Zip Code<br>40204        |
| Purpose of Expendit<br>CNSLT                                                                                                                                                                                                       | Description<br>contractor INV May |                                  |                                                                                                                                                     | Amount<br><br>\$1,000.00 |
| 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 #                                                                                                                                             |                          |

|                                                                                                                                                                                                                                    |                                        |                                  |                                                                                                                                         |                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| Name of Payee<br>STAPLES                                                                                                                                                                                                           |                                        | Date of Payment<br>06/15/2026    | Method of Payment<br><input type="checkbox"/> Check #<br><input checked="" type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                       |
| Street Address<br>672 Queen St                                                                                                                                                                                                     |                                        | City<br>Southington              | State<br>CT                                                                                                                             | Zip Code<br>06489     |
| Purpose of Expendit<br>PRNT                                                                                                                                                                                                        | Description<br>print contributor forms |                                  |                                                                                                                                         | Amount<br><br>\$57.43 |
| 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 #                                                                                                                                 |                       |

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

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

**N. Expenses Paid By Committee**

|                                                                                                                                                                                                                              |                                                |                                      |                                                                                                                                                     |                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|--------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| Name of Payee<br><b>Staples</b>                                                                                                                                                                                              |                                                | Date of Payment<br><b>06/16/2026</b> | Method of Payment<br><input type="checkbox"/> Check #<br><input checked="" type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT             |                                                                 |
| Street Address<br><b>900 Washington St</b>                                                                                                                                                                                   |                                                | City<br><b>Middletown</b>            |                                                                                                                                                     | State<br><b>CT</b> Zip Code<br><b>06457</b>                     |
| Purpose of Expendit<br><b>OFFICE</b>                                                                                                                                                                                         | Description<br><b>office supplies</b>          |                                      |                                                                                                                                                     | Amount<br><br><br><br><br><br><br><br><br><br><b>\$60.44</b>    |
| 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 #                                                                                                                                             |                                                                 |
|                                                                                                                                                                                                                              |                                                |                                      |                                                                                                                                                     |                                                                 |
| Name of Payee<br><b>Staples</b>                                                                                                                                                                                              |                                                | Date of Payment<br><b>06/18/2026</b> | Method of Payment<br><input type="checkbox"/> Check #<br><input checked="" type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT             |                                                                 |
| Street Address<br><b>900 Washington St</b>                                                                                                                                                                                   |                                                | City<br><b>Middletown</b>            |                                                                                                                                                     | State<br><b>CT</b> Zip Code<br><b>06457</b>                     |
| Purpose of Expendit<br><b>OFFICE</b>                                                                                                                                                                                         | Description<br><b>office supplies</b>          |                                      |                                                                                                                                                     | Amount<br><br><br><br><br><br><br><br><br><br><b>\$44.65</b>    |
| 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 #                                                                                                                                             |                                                                 |
|                                                                                                                                                                                                                              |                                                |                                      |                                                                                                                                                     |                                                                 |
| Name of Payee<br><b>Thomas Peters</b>                                                                                                                                                                                        |                                                | Date of Payment<br><b>06/19/2026</b> | Method of Payment<br><input checked="" type="checkbox"/> Check # <b>1040</b><br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                                                                 |
| Street Address<br><b>160 Daisy Ln</b>                                                                                                                                                                                        |                                                | City<br><b>Durham</b>                |                                                                                                                                                     | State<br><b>CT</b> Zip Code<br><b>06422</b>                     |
| Purpose of Expendit<br><b>CNSLT</b>                                                                                                                                                                                          | Description<br><b>contractor INV 5/15-6/14</b> |                                      |                                                                                                                                                     | Amount<br><br><br><br><br><br><br><br><br><br><b>\$3,000.00</b> |
| 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 #                                                                                                                                             |                                                                 |
|                                                                                                                                                                                                                              |                                                |                                      |                                                                                                                                                     |                                                                 |

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

|                                                                                |  |                           |
|--------------------------------------------------------------------------------|--|---------------------------|
| <b>NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)</b> |  | <b>TYPE OF REPORT</b>     |
| Bysiewicz for CT                                                               |  | July 10 Filing - Original |
| <b>N. Expenses Paid By Committee</b>                                           |  |                           |

|                                                                                                                                                                                                                              |                                     |                                  |                                                                                                                                                     |                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| Name of Payee<br>Thomas Peters                                                                                                                                                                                               |                                     | Date of Payment<br>06/19/2026    | Method of Payment<br><input checked="" type="checkbox"/> Check # <u>1041</u><br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                        |
| Street Address<br>160 Daisy Ln                                                                                                                                                                                               |                                     | City<br>Durham                   | State<br>CT                                                                                                                                         | Zip Code<br>06422      |
| Purpose of Expendit<br>RMB                                                                                                                                                                                                   | Description<br>RMB 5/18, 6/12, 6/15 |                                  |                                                                                                                                                     | Amount<br><br>\$218.47 |
| 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 #                                                                                                                                             |                        |

|                                                                                                                                                                                                                              |                                                                             |                                  |                                                                                                                                                     |                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| Name of Payee<br>Dexter Kinsella                                                                                                                                                                                             |                                                                             | Date of Payment<br>06/22/2026    | Method of Payment<br><input checked="" type="checkbox"/> Check # <u>1042</u><br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                        |
| Street Address<br>103 W Street P.O. Box 75                                                                                                                                                                                   |                                                                             | City<br>Goshen                   | State<br>CT                                                                                                                                         | Zip Code<br>06756      |
| Purpose of Expendit<br>REF                                                                                                                                                                                                   | Description<br>RFD duplicate \$100 cash donation; previous expense incurred |                                  |                                                                                                                                                     | Amount<br><br>\$100.00 |
| 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 #                                                                                                                                             |                        |

|                                                                                                                                                                                                                              |                                                           |                                  |                                                                                                                                         |                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| Name of Payee<br>White Eagle Media, LLC                                                                                                                                                                                      |                                                           | Date of Payment<br>06/23/2026    | Method of Payment<br><input type="checkbox"/> Check #<br><input type="checkbox"/> Debit Card<br><input checked="" type="checkbox"/> EFT |                        |
| Street Address<br>PO Box 52057                                                                                                                                                                                               |                                                           | City<br>Boston                   | State<br>MA                                                                                                                             | Zip Code<br>02205      |
| Purpose of Expendit<br>A-MAG                                                                                                                                                                                                 | Description<br>Little Poland Special Edition, 1/8 page ad |                                  |                                                                                                                                         | Amount<br><br>\$165.00 |
| 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 #                                                                                                                                 |                        |

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

|                                                                         |                           |
|-------------------------------------------------------------------------|---------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT            |
| Bysiewicz for CT                                                        | July 10 Filing - Original |
| <b>N. Expenses Paid By Committee</b>                                    |                           |

|                                                                                                                                                                                                                                    |                                                   |                                  |                                                                                                                                                     |                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| Name of Payee<br>Kimberly Glassman                                                                                                                                                                                                 |                                                   | Date of Payment<br>06/25/2026    | Method of Payment<br><input checked="" type="checkbox"/> Check # <u>1049</u><br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                      |
| Street Address<br>324 Old Mill Rd                                                                                                                                                                                                  |                                                   | City<br>Middletown               | State<br>CT                                                                                                                                         | Zip Code<br>06457    |
| Purpose of Expendit<br>REF                                                                                                                                                                                                         | Description<br>RFD over max donation for lobbyist |                                  |                                                                                                                                                     | Amount<br><br>\$2.40 |
| 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 #                                                                                                                                             |                      |

|                                                                                                                                                                                                                                    |                                                                       |                                  |                                                                                                                                                     |                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| Name of Payee<br>James Vigue                                                                                                                                                                                                       |                                                                       | Date of Payment<br>06/25/2026    | Method of Payment<br><input checked="" type="checkbox"/> Check # <u>1051</u><br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                      |
| Street Address<br>490 Burlington Ave                                                                                                                                                                                               |                                                                       | City<br>Bristol                  | State<br>CT                                                                                                                                         | Zip Code<br>06010    |
| Purpose of Expendit<br>REF                                                                                                                                                                                                         | Description<br>RFD over max donation (fees paid on lobbyist donation) |                                  |                                                                                                                                                     | Amount<br><br>\$4.48 |
| 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 #                                                                                                                                             |                      |

|                                                                                                                                                                                                                                    |                                                                      |                                  |                                                                                                                                                     |                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| Name of Payee<br>Robert Berkmoes                                                                                                                                                                                                   |                                                                      | Date of Payment<br>06/25/2026    | Method of Payment<br><input checked="" type="checkbox"/> Check # <u>1050</u><br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                        |
| Street Address<br>25 S Vernondale Dr                                                                                                                                                                                               |                                                                      | City<br>Southington              | State<br>CT                                                                                                                                         | Zip Code<br>06489      |
| Purpose of Expendit<br>REF                                                                                                                                                                                                         | Description<br>RFD donation from holder of prequalification from DAS |                                  |                                                                                                                                                     | Amount<br><br>\$130.52 |
| 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 #                                                                                                                                             |                        |

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

|                                                                         |                           |
|-------------------------------------------------------------------------|---------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT            |
| Bysiewicz for CT                                                        | July 10 Filing - Original |
| <b>N. Expenses Paid By Committee</b>                                    |                           |

|                                                                                                                                                                                                                              |                                                              |                                  |                                                                                                                                                     |                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| Name of Payee<br>Jean Cronin Hughes                                                                                                                                                                                          |                                                              | Date of Payment<br>06/25/2026    | Method of Payment<br><input checked="" type="checkbox"/> Check # <u>1046</u><br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                        |
| Street Address<br>88 Sheffield St                                                                                                                                                                                            |                                                              | City<br>Old Saybrook             | State<br>CT                                                                                                                                         | Zip Code<br>06475      |
| Purpose of Expendit<br>REF                                                                                                                                                                                                   | Description<br>RFD duplicate donation from lobbyist/over max |                                  |                                                                                                                                                     | Amount<br><br>\$100.00 |
| 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 #                                                                                                                                             |                        |

|                                                                                                                                                                                                                              |                                                            |                                  |                                                                                                                                                     |                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| Name of Payee<br>David Bayne                                                                                                                                                                                                 |                                                            | Date of Payment<br>06/26/2026    | Method of Payment<br><input checked="" type="checkbox"/> Check # <u>1043</u><br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                       |
| Street Address<br>5 Windsor Rd                                                                                                                                                                                               |                                                            | City<br>Darien                   | State<br>CT                                                                                                                                         | Zip Code<br>06820     |
| Purpose of Expendit<br>REF                                                                                                                                                                                                   | Description<br>RFD over max donation (fees paid on Anedot) |                                  |                                                                                                                                                     | Amount<br><br>\$41.98 |
| 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 #                                                                                                                                             |                       |

|                                                                                                                                                                                                                              |                                                         |                                  |                                                                                                                                                     |                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| Name of Payee<br>CT DSCC                                                                                                                                                                                                     |                                                         | Date of Payment<br>06/26/2026    | Method of Payment<br><input checked="" type="checkbox"/> Check # <u>1044</u><br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                          |
| Street Address<br>750 Main St Ste 1108-3                                                                                                                                                                                     |                                                         | City<br>Hartford                 | State<br>CT                                                                                                                                         | Zip Code<br>06103        |
| Purpose of Expendit<br>POC                                                                                                                                                                                                   | Description<br>Pro Rata portion of 2026 Convention Fees |                                  |                                                                                                                                                     | Amount<br><br>\$3,500.00 |
| 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 #                                                                                                                                             |                          |

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

|                                                                         |                           |
|-------------------------------------------------------------------------|---------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT            |
| Bysiewicz for CT                                                        | July 10 Filing - Original |
| <b>N. Expenses Paid By Committee</b>                                    |                           |

|                                                                                                                                                                                                                                    |                                                      |                                  |                                                                                                                                         |                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| Name of Payee<br>USPS PO                                                                                                                                                                                                           |                                                      | Date of Payment<br>06/30/2026    | Method of Payment<br><input type="checkbox"/> Check #<br><input checked="" type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                       |
| Street Address<br>11 Silver St                                                                                                                                                                                                     |                                                      | City<br>Middletown               | State<br>CT                                                                                                                             | Zip Code<br>06457     |
| Purpose of Expendit<br>POST                                                                                                                                                                                                        | Description<br>postage and shipping - certified mail |                                  |                                                                                                                                         | Amount<br><br>\$29.10 |
| 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 #                                                                                                                                 |                       |

|                                                                                                                                                                                                                                    |                                                        |                                  |                                                                                                                                                     |                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| Name of Payee<br>Rebecca Hyland                                                                                                                                                                                                    |                                                        | Date of Payment<br>06/30/2026    | Method of Payment<br><input checked="" type="checkbox"/> Check # <u>1052</u><br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                          |
| Street Address<br>18 Haller Pl                                                                                                                                                                                                     |                                                        | City<br>Wallingford              | State<br>CT                                                                                                                                         | Zip Code<br>06492        |
| Purpose of Expendit<br>CNSLT                                                                                                                                                                                                       | Description<br>consultant INV campaign management June |                                  |                                                                                                                                                     | Amount<br><br>\$4,000.00 |
| 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 #                                                                                                                                             |                          |

|                                                                                                                                                                                                                                    |                                |                                  |                                                                                                                                         |                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| Name of Payee<br>Staples                                                                                                                                                                                                           |                                | Date of Payment<br>06/30/2026    | Method of Payment<br><input type="checkbox"/> Check #<br><input checked="" type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                       |
| Street Address<br>900 Washington St                                                                                                                                                                                                |                                | City<br>Middletown               | State<br>CT                                                                                                                             | Zip Code<br>06457     |
| Purpose of Expendit<br>OFFICE                                                                                                                                                                                                      | Description<br>office supplies |                                  |                                                                                                                                         | Amount<br><br>\$96.92 |
| 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 #                                                                                                                                 |                       |

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

|                                                                         |                           |
|-------------------------------------------------------------------------|---------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT            |
| Bysiewicz for CT                                                        | July 10 Filing - Original |
| <b>N. Expenses Paid By Committee</b>                                    |                           |

|                                                                                                                                                                                                                                    |                               |                                  |                                                                                                                                         |                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| Name of Payee<br>USPS PO                                                                                                                                                                                                           |                               | Date of Payment<br>06/30/2026    | Method of Payment<br><input type="checkbox"/> Check #<br><input checked="" type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                        |
| Street Address<br>11 Silver St                                                                                                                                                                                                     |                               | City<br>Middletown               | State<br>CT                                                                                                                             | Zip Code<br>06457      |
| Purpose of Expendit<br>POST                                                                                                                                                                                                        | Description<br>3x stamp rolls |                                  |                                                                                                                                         | Amount<br><br>\$234.00 |
| 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 #                                                                                                                                 |                        |

|                                                                                                                                                                                                                                    |                            |                                  |                                                                                                                                         |                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| Name of Payee<br>Anedot                                                                                                                                                                                                            |                            | 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>1340 Poydras St Ste 1770                                                                                                                                                                                         |                            | City<br>New Orleans              | State<br>LA                                                                                                                             | Zip Code<br>70112        |
| Purpose of Expendit<br>WEB                                                                                                                                                                                                         | Description<br>service fee |                                  |                                                                                                                                         | Amount<br><br>\$4,301.41 |
| 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 #                                                                                                                                 |                          |

|                                                                                                                                                                                                                                    |                                                                      |                                  |                                                                                                                                                     |                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| Name of Payee<br>Rashid Hamid                                                                                                                                                                                                      |                                                                      | Date of Payment<br>06/30/2026    | Method of Payment<br><input checked="" type="checkbox"/> Check # <u>1045</u><br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                          |
| Street Address<br>164 Dockerel Rd                                                                                                                                                                                                  |                                                                      | City<br>Tolland                  | State<br>CT                                                                                                                                         | Zip Code<br>06084        |
| Purpose of Expendit<br>REF                                                                                                                                                                                                         | Description<br>RFD donation from holder of prequalification from DAS |                                  |                                                                                                                                                     | Amount<br><br>\$2,000.00 |
| 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 #                                                                                                                                             |                          |



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

|                                                                         |             |      |  |                 |                           |                                          |
|-------------------------------------------------------------------------|-------------|------|--|-----------------|---------------------------|------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) |             |      |  |                 | TYPE OF REPORT            |                                          |
|                                                                         |             |      |  |                 | July 10 Filing - Original |                                          |
| <b>O. Expenses Paid By Candidate</b>                                    |             |      |  |                 |                           |                                          |
| 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 #         |                           |                                          |
|                                                                         |             |      |  |                 |                           |                                          |
| <b>Total of Section O</b>                                               |             |      |  |                 |                           |                                          |

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

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

|                                                                |  |
|----------------------------------------------------------------|--|
| <p align="center"><b>IV. EXPENDITURES (Sections N - S)</b></p> |  |
|----------------------------------------------------------------|--|

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

|                |
|----------------|
| TYPE OF REPORT |
|----------------|

Bysiewicz for CT

|                           |
|---------------------------|
| July 10 Filing - Original |
|---------------------------|

|                                                                          |  |
|--------------------------------------------------------------------------|--|
| <b>Q. Expenses Incurred By Committee but Not Paid During this Period</b> |  |
|--------------------------------------------------------------------------|--|

|                        |  |
|------------------------|--|
| Name of Creditor       |  |
| Taino Smokehouse Prime |  |

|                |         |
|----------------|---------|
| Street Address | City    |
| 1388 E Main St | Meriden |

|               |            |
|---------------|------------|
| Date Incurred | 06/17/2026 |
|---------------|------------|

|       |          |
|-------|----------|
| State | Zip Code |
| CT    | 06450    |

|                |                 |
|----------------|-----------------|
| 1388 E Main St | City<br>Meriden |
|----------------|-----------------|

| Purpose of Expenditure<br>(by code) | Description                              |
|-------------------------------------|------------------------------------------|
| FOOD                                | Pro Rata portion of Meet and Greet Event |

|       |          |
|-------|----------|
| State | Zip Code |
| CT    | 06450    |

Amount Incurred  
(Estimate or Actual)

|                                                                                           |                                                                        |                                  |           |
|-------------------------------------------------------------------------------------------|------------------------------------------------------------------------|----------------------------------|-----------|
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Expenditure #<br>(if applicable) | Event #   |
| If yes, assign an Expenditure # and completes Itemization in Addendum Q                   |                                                                        |                                  | 06172026J |

Amount Incurred  
(Estimate or Actual)

\$150.00

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

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

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

[illegible]

06172026J

**Total of Section Q**

|  |                 |
|--|-----------------|
|  | <b>\$150.00</b> |
|--|-----------------|

---

---

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

|                                                                         |                           |
|-------------------------------------------------------------------------|---------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT            |
| Bysiewicz for CT                                                        | July 10 Filing - Original |
| <b>R. Itemization of Reimbursements and Secondary Payees</b>            |                           |

|                                                                                                                                                                         |                               |                               |                                             |                                                                                                                                                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------|---------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Last Name of Worker/Consultant<br><br>Peters                                                                                                                            | First<br><br>Thomas           | MI                            | Date of Payment to Vendor<br><br>03/24/2026 | Payment to Reimburse Committee Worker/Consultant as reported in Section N:<br><br><input checked="" type="checkbox"/> Check # 1027<br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |
| Name of Vendor Paid by Committee Worker/Consultant<br>USPS                                                                                                              |                               |                               |                                             |                                                                                                                                                                                                           |
| Street Address of Vendor<br>11 Silver St                                                                                                                                |                               | City<br>Middletown            |                                             | State<br>CT                                                                                                                                                                                               |
| Zip Code<br>06457                                                                                                                                                       |                               |                               |                                             |                                                                                                                                                                                                           |
| Purpose of Expenditure (by code)<br>POST                                                                                                                                | Description<br>roll of stamps |                               |                                             |                                                                                                                                                                                                           |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                               | Expenditure # (if applicable) | Event #                                     | Amount<br><br>\$78.00                                                                                                                                                                                     |
| If yes, assign an Expenditure # and completes Itemization in Addendum R                                                                                                 |                               |                               |                                             |                                                                                                                                                                                                           |

|                                                                                                                                                                         |                                |                               |                                             |                                                                                                                                                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------|---------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Last Name of Worker/Consultant<br><br>Peters                                                                                                                            | First<br><br>Thomas            | MI                            | Date of Payment to Vendor<br><br>04/15/2026 | Payment to Reimburse Committee Worker/Consultant as reported in Section N:<br><br><input checked="" type="checkbox"/> Check # 1031<br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |
| Name of Vendor Paid by Committee Worker/Consultant<br>USPS                                                                                                              |                                |                               |                                             |                                                                                                                                                                                                           |
| Street Address of Vendor<br>11 Silver St                                                                                                                                |                                | City<br>Middletown            |                                             | State<br>CT                                                                                                                                                                                               |
| Zip Code<br>06457                                                                                                                                                       |                                |                               |                                             |                                                                                                                                                                                                           |
| Purpose of Expenditure (by code)<br>POST                                                                                                                                | Description<br>rolls of stamps |                               |                                             |                                                                                                                                                                                                           |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                | Expenditure # (if applicable) | Event #                                     | Amount<br><br>\$234.00                                                                                                                                                                                    |
| If yes, assign an Expenditure # and completes Itemization in Addendum R                                                                                                 |                                |                               |                                             |                                                                                                                                                                                                           |

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

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

TYPE OF REPORT

Bysiewicz for CT

July 10 Filing - Original

#### R. Itemization of Reimbursements and Secondary Payees

|                                                                                                                                                                                                                                                        |                                 |                               |                                             |                                                                                                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-------------------------------|---------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Last Name of Worker/Consultant<br><br>Peters                                                                                                                                                                                                           | First<br><br>Thomas             | MI                            | Date of Payment to Vendor<br><br>05/18/2026 | Payment to Reimburse Committee Worker/Consultant as reported in Section N:<br><br><input checked="" type="checkbox"/> Check # 1041<br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |
| Name of Vendor Paid by Committee Worker/Consultant<br>Smith & Bishel Hardware                                                                                                                                                                          |                                 |                               |                                             |                                                                                                                                                                                                           |
| Street Address of Vendor<br>155 Main St                                                                                                                                                                                                                |                                 | City<br>Middletown            |                                             | State<br>CT<br>Zip Code<br>06457                                                                                                                                                                          |
| Purpose of Expenditure (by code)<br>OVHD                                                                                                                                                                                                               | Description<br>spare key for HQ |                               |                                             |                                                                                                                                                                                                           |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br><br>If yes, assign an Expenditure # and completes Itemization in Addendum R |                                 | Expenditure # (if applicable) | Event #                                     | Amount<br><br>\$3.19                                                                                                                                                                                      |

|                                                                                                                                                                                                                                                        |                                                                                                       |                               |                                             |                                                                                                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|-------------------------------|---------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Last Name of Worker/Consultant<br><br>Peters                                                                                                                                                                                                           | First<br><br>Thomas                                                                                   | MI                            | Date of Payment to Vendor<br><br>06/12/2026 | Payment to Reimburse Committee Worker/Consultant as reported in Section N:<br><br><input checked="" type="checkbox"/> Check # 1041<br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |
| Name of Vendor Paid by Committee Worker/Consultant<br>Staples                                                                                                                                                                                          |                                                                                                       |                               |                                             |                                                                                                                                                                                                           |
| Street Address of Vendor<br>900 Washington St                                                                                                                                                                                                          |                                                                                                       | City<br>Middletown            |                                             | State<br>CT<br>Zip Code<br>06457                                                                                                                                                                          |
| Purpose of Expenditure (by code)<br>OFFICE                                                                                                                                                                                                             | Description<br>dry erase markers and spray, lysol disinfectant spray and wipes, purell hand sanitizer |                               |                                             |                                                                                                                                                                                                           |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br><br>If yes, assign an Expenditure # and completes Itemization in Addendum R |                                                                                                       | Expenditure # (if applicable) | Event #                                     | Amount<br><br>\$59.28                                                                                                                                                                                     |

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

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

TYPE OF REPORT

Bysiewicz for CT

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:

Peters

Thomas

06/15/2026

☒ Check # 1041☐ Debit Card☐ EFT

Name of Vendor Paid by Committee Worker/Consultant

USPS

Street Address of Vendor

11 Silver St

City

Middletown

State

CT

Zip Code

06457

Purpose of Expenditure  
(by code)

POST

Description

rolls of stamps

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

Yes

☒

No

Expenditure #  
(if applicable)

Event #

Amount

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

\$156.00

Total of Section R

**\$530.47****IV. EXPENDITURES (Sectuibs N - S)**

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

TYPE OF REPORT

Bysiewicz for CT

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 |
|-----------------------------------------------------------------------------------------------------|----------------|
|                                                                                                     |                |
| <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                |