

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

Revised February 2015



Electronic Filing

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Page 1 of 21

COVER PAGE

1. NAME OF COMMITTEE				2. TYPE OF COMMITTEE	
CASE2026				☒ Candidate Committee ☐ Exploratory Committee	
3. TREASURER NAME					
First Dustin		MI	Last Bingham		Suffix
4. TREASURER ADDRESS					
Street Address 165 Lake Harwinton Rd		City Harwinton		State CT	Zip Code 06791
5. ELECTION DATE		6. OFFICE SOUGHT (Complete only if Candidate Committee)			7. DISTRICT NUMBER (if applicable)
11/03/2026		State Representative			R063
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First Jay		MI	Last Case		Suffix
9. TYPE OF REPORT					
July 10 Filing - Original					
10. PERIOD COVERED					
Beginning Date Ending Date					
05/30/2026 thru 06/30/2026					
11. CERTIFICATION					
☒ I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.					
Electronic Filing		Dustin Bingham		07/03/2026 1:24:22PM	
SIGNATURE		PRINT NAME OF THE SIGNER		DATE CERTIFIED	
A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty of up to \$25,000, unless a fine of a larger amount is otherwise provided for as a maximum fine in the Connecticut General Statutes.					

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised February 2015

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT	
CASE2026	July 10 Filing - Original	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		\$0.00
13. Balance on hand at the beginning of Reporting Period	\$5,502.74	
14. Contributions received from Individuals (Section A and B)	\$0.00	\$7,105.00
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
16. Other Monetary Receipts (Section D through I)	\$15,430.00	\$15,430.04
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	\$0.00	\$0.00
18. Total Monetary Receipts (add totals for lines 14 through 17)	\$15,430.00	\$22,535.04
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$20,932.74	\$22,535.04
20. Expenses Paid by Committee (Section N)	\$4,642.11	\$6,244.41
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns)	\$16,290.63	\$16,290.63
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$0.00
23. In-Kind Donations not Considered Contributions - House Party (Section J4)	\$0.00	\$0.00
24. In-Kind Contributions Received (Section K)	\$0.00	\$0.00
25. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00
26. Beginning Loan Balance	\$0.00	
26a. + Loans Received (Section D)	\$0.00	\$0.00
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
26c. - Payments on Loan(s)	\$0.00	\$0.00
26d. Total Outstanding Loan Amount	\$0.00	
27. Campaign Expenses Paid By Candidate (Section O)	\$0.00	\$0.00
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$0.00	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$0.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
CASE2026				July 10 Filing - Original	
A. Total Contributions from Small Contributors-Received this Period ONLY				For Nonparticipating Candidates ONLY	
B. Itemized Contributions from Individuals					
Last Name		First		MI	Contribution ID #
Residential Street Address		City		State	Zip Code
Principal Occupation			Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No		Amount of Contribution
Is this contribution associated with an event reported in Section J1?	Yes	Method of contribution:		Date Received	
If yes, list Event #	No	Cash Personal Check Money Order Credit/Debit Card	Aggregate Contributions		
Total of Section B					
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Total on Line 14, Column A of Summary Page)					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
CASE2026				July 10 Filing - Original	
C1. Contributions from Other Committees					
Name of Committee			Name of Treasurer		
Address			Is this contribution associated with an event reported in Section J1? If yes, list Event #		Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions	
Total of Section C1					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
CASE2026				July 10 Filing - Original	
C2. Reimbursements or Surplus Distributions from other Committees					
Name of Committee			Name of Treasurer		
Address				Date Received	Amount of Receipt
City	State	Zip Code	Payment Type Reimbursement for shared expense Surplus distribution from exploratory committee		
Expenditure #	Description				
Total of Section C2					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
CASE2026				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

CASE2026

July 10 Filing - Original

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

Date of Receipt

Method of Payment

Cash

Personal Check

Credit/Debit Card

Amount

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

NAME OF COMMITTEE

TYPE OF REPORT

CASE2026

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

CASE2026

July 10 Filing - Original

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

Purpose of Grant:

☒

Initial

☐

Grant Adjustment

☐

Supplemental/Post Election Deficit

Grant Cycle:

☐

Primary

☒

General Election

☐

Special Election

Date Received

Amount

06/15/2026

\$15,430.00

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

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
CASE2026				July 10 Filing - Original	
I. Miscellaneous Monetary Receipts not Considered Contributions					
Name			Date of Transaction		Amount Received
Street Address	City	State	Zip Code		
Description					
Total of Section I					

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
CASE2026				July 10 Filing - Original	
J1. Event Information					
Event # Date of Event	Letter	Description			Was this a fundraising event? Yes No
Location: Street Address			City	State	Zip Code
Was this event hosted at a personal residence?		Yes	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.		
		No			
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		Yes	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.		
		No			
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		Yes	(If yes, enter Total Receipts here.)		
		No			
Total of Section J1					

II.EVENT ACTIVITY (Sections J1 - J4)

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

TYPE OF REPORT

CASE2026

July 10 Filing - Original

J3. In-Kind Donations Not Considered Contributions

Name of the Donor

Street Address

City

State

Zip Code

Donation Given by:

Description of Donation

Fair Market Value of
Donation

Individual

Business Entity

Sole Proprietorship

Date Received

Event #

Aggregate value for this event

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

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

TYPE OF REPORT

CASE2026

July 10 Filing - Original

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

Name of Host

Is this event supporting more than one candidate?

Yes

No

If yes, complete Itemization in
Addendum J4

Street Address

City

State

Zip Code

Description of Donation

Fair Market Value of
Donation

Event #

Aggregate value of this Event - all hosts

Aggregate value of all Events - this host/candidate

Total of Section J4

III. NONMONETARY RECEIPTS (Sections K - L)

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

TYPE OF REPORT

CASE2026

July 10 Filing - Original

K. In-Kind Contributions

Name

Street Address

City

State

Zip Code

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

Yes

No

Description of In-Kind Contribution

If yes, list Event#

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

Yes

No

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

Yes

No

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

Executive

Legislative

Fair Market Value of this Contribution

Type of Contributor:

Individual

Committee

Sole Proprietorship

Date Received

Aggregate contributions

Total of Section K

III. Non Monetary Receipts (Sections K - L)

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

TYPE OF REPORT

CASE2026

July 10 Filing - Original

L. Refundable Deposit to Telephone Company

Last Name of Individual

First Name

MI

Date Deposit Made

Residential Street Address

City

State

Zip Code

Amount of Deposit

Name of Telephone company

Street Address

City

State

Zip Code

Total of Section L

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
CASE2026	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Dustin Bingham		Date of Payment 05/30/2026	Method of Payment ☒ Check # <u>96</u> ☐ Debit Card ☐ EFT	
Street Address 165 Lake Harwinton Rd		City Harwinton	State CT	Zip Code 06791
Purpose of Expendit RMB	Description Check order - Vista Print			Amount \$95.63
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Dustin Bingham		Date of Payment 06/11/2026	Method of Payment ☒ Check # <u>98</u> ☐ Debit Card ☐ EFT	
Street Address 165 Lake Harwinton Rd		City Harwinton	State CT	Zip Code 06791
Purpose of Expendit RMB	Description Postage reimbursement			Amount \$156.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Dustin Bingham		Date of Payment 06/11/2026	Method of Payment ☒ Check # <u>98</u> ☐ Debit Card ☐ EFT	
Street Address 165 Lake Harwinton Rd		City Harwinton	State CT	Zip Code 06791
Purpose of Expendit RMB	Description USPS Postage reimbursement			Amount \$156.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
CASE2026	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Dustin Bingham		Date of Payment 06/13/2026	Method of Payment ☒ Check # <u>99</u> ☐ Debit Card ☐ EFT	
Street Address 165 Lake Harwinton Rd		City Harwinton	State CT	Zip Code 06791
Purpose of Expendit RMB	Description Right Insight reimbursement			Amount \$132.87
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Dustin Bingham		Date of Payment 06/13/2026	Method of Payment ☒ Check # <u>100</u> ☐ Debit Card ☐ EFT	
Street Address 165 Lake Harwinton Rd		City Harwinton	State CT	Zip Code 06791
Purpose of Expendit RMB	Description Walmart office supplies reimbursement			Amount \$211.80
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Dustin Bingham		Date of Payment 06/13/2026	Method of Payment ☒ Check # <u>100</u> ☐ Debit Card ☐ EFT	
Street Address 165 Lake Harwinton Rd		City Harwinton	State CT	Zip Code 06791
Purpose of Expendit RMB	Description Walmart office supplies			Amount \$211.80
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
CASE2026	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Dustin Bingham		Date of Payment 06/13/2026	Method of Payment ☒ Check # <u>99</u> ☐ Debit Card ☐ EFT
Street Address 165 Lake Harwinton Rd		City Harwinton	State CT Zip Code 06791
Purpose of Expendit RMB	Description Right Insight reimbursement		Amount \$132.87
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	

Name of Payee Dustin Bingham		Date of Payment 06/20/2026	Method of Payment ☒ Check # <u>7781</u> ☐ Debit Card ☐ EFT
Street Address 165 Lake Harwinton Rd		City Harwinton	State CT Zip Code 06791
Purpose of Expendit RMB	Description Walmart Office Supplies reimbursement		Amount \$7.57
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	

Name of Payee Dustin Bingham		Date of Payment 06/20/2026	Method of Payment ☒ Check # <u>7782</u> ☐ Debit Card ☐ EFT
Street Address 165 Lake Harwinton Rd		City Harwinton	State CT Zip Code 06791
Purpose of Expendit WAGE	Description Treasurer Wage		Amount \$3,500.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
CASE2026	July 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee Dustin Bingham		Date of Payment 06/20/2026	Method of Payment ☒ Check # <u>7781</u> ☐ Debit Card ☐ EFT	
Street Address 165 Lake Harwinton Rd		City Harwinton	State CT	Zip Code 06791
Purpose of Expendit RMB	Description Walmart office supplies		Amount \$7.57	
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)		
Name of Payee Torrington Savings Bank		Date of Payment 06/30/2026	Method of Payment ☒ Check # ☐ Debit Card ☐ EFT	
Street Address 230 Dibble St		City Torrington	State CT	Zip Code 06790
Purpose of Expendit BNK	Description Bank fees		Amount \$30.00	
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)		
Total of Section N			\$4,642.11	

IV. EXPENDITURES (Sections N - S)

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

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					TYPE OF REPORT	
CASE2026					July 10 Filing - Original	
P. Expenses Incurred on Committee Credit Card						
Name of Issuing Institution				Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☐ Other		
Name of Vendor					Date of Transaction	
Street Address			City		State	Zip Code
Purpose of Expenditure (by code)	Description				Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Yes No	Expenditure # (if applicable)	Event #		
If yes, assign an Expenditure # and complete Itemization in Addendum P						
Total of Section P						

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
CASE2026				July 10 Filing - Original	
Q. Expenses Incurred By Committee but Not Paid During this Period					
Name of Creditor				Date Incurred	
Street Address			City		State Zip Code
Purpose of Expenditure (by code)	Description				Amount Incurred (Estimate or Actual)
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No If yes, assign an Expenditure # and completes Itemization in Addendum Q				Expenditure # (if applicable)	
Total of Section Q					

IV. EXPENDITURES (Sections N - S)

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

TYPE OF REPORT

CASE2026

July 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Bingham	First Dustin	MI	Date of Payment to Vendor 05/30/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☒ Check # 96 ☐ Debit Card ☐ EFT
---	---------------------	----	---	---

Name of Vendor Paid by Committee Worker/Consultant

Vista Print

Street Address of Vendor

100 Hayden Ave

City

Lexington

State

MA

Zip Code

02421

Purpose of Expenditure
(by code)

BNK

Description

Check order - Vista Print

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

☐

Yes

☒

No

Expenditure #
(if applicable)

Event #

Amount

\$95.63

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

Last Name of Worker/Consultant Bingham	First Dustin	MI	Date of Payment to Vendor 06/11/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☒ Check # 98 ☐ Debit Card ☐ EFT
---	---------------------	----	---	---

Name of Vendor Paid by Committee Worker/Consultant

USPS

Street Address of Vendor

150 Main St

City

Thomaston

State

CT

Zip Code

06787

Purpose of Expenditure
(by code)

POST

Description

Postage reimbursement

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

☐

Yes

☒

No

Expenditure #
(if applicable)

Event #

Amount

\$156.00

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

CASE2026

July 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Bingham	First Dustin	MI	Date of Payment to Vendor 06/11/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☒ Check # 98 ☐ Debit Card ☐ EFT
Name of Vendor Paid by Committee Worker/Consultant USPS				
Street Address of Vendor 150 Main St		City Thomaston		State CT Zip Code 06787
Purpose of Expenditure (by code) POST	Description Postage reimbursement			
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and completes Itemization in Addendum R		Expenditure # (if applicable)	Event #	Amount \$156.00

Last Name of Worker/Consultant Bingham	First Dustin	MI	Date of Payment to Vendor 06/13/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☒ Check # 99 ☐ Debit Card ☐ EFT
Name of Vendor Paid by Committee Worker/Consultant Right Insight				
Street Address of Vendor PO Box 421		City Boise		State ID Zip Code 83701
Purpose of Expenditure (by code) WEB	Description Right Insight reimbursement			
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and completes Itemization in Addendum R		Expenditure # (if applicable)	Event #	Amount \$132.87

IV. EXPENDITURES (Sections N - S)

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

TYPE OF REPORT

CASE2026

July 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Bingham	First Dustin	MI	Date of Payment to Vendor 06/13/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☒ Check # 100 ☐ Debit Card ☐ EFT
Name of Vendor Paid by Committee Worker/Consultant Walmart				
Street Address of Vendor 970 Tarringford St		City Torrington		State CT Zip Code 06790
Purpose of Expenditure (by code) OFFICE	Description Walmart office supplies reimbursement			
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and completes Itemization in Addendum R		Expenditure # (if applicable)	Event #	Amount \$211.80

Last Name of Worker/Consultant Bingham	First Dustin	MI	Date of Payment to Vendor 06/13/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☒ Check # 100 ☐ Debit Card ☐ EFT
Name of Vendor Paid by Committee Worker/Consultant Walmart				
Street Address of Vendor 970 Tarringford St		City Torrington		State CT Zip Code 06790
Purpose of Expenditure (by code) OFFICE	Description Walmart office supplies			
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and completes Itemization in Addendum R		Expenditure # (if applicable)	Event #	Amount \$211.80

IV. EXPENDITURES (Sections N - S)

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

TYPE OF REPORT

CASE2026

July 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Bingham	First Dustin	MI	Date of Payment to Vendor 06/13/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☒ Check # 99 ☐ Debit Card ☐ EFT
Name of Vendor Paid by Committee Worker/Consultant Right Insight				
Street Address of Vendor PO Box 421		City Boise		State ID Zip Code 83701
Purpose of Expenditure (by code) WEB	Description Right Insight reimbursemnt			
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and completes Itemization in Addendum R		Expenditure # (if applicable)	Event #	Amount \$132.87

Last Name of Worker/Consultant Bingham	First Dustin	MI	Date of Payment to Vendor 06/20/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☒ Check # 7781 ☐ Debit Card ☐ EFT
Name of Vendor Paid by Committee Worker/Consultant Walmart				
Street Address of Vendor 970 Tarringford St		City Torrington		State CT Zip Code 06790
Purpose of Expenditure (by code) OFFICE	Description Walmart office supplies			
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and completes Itemization in Addendum R		Expenditure # (if applicable)	Event #	Amount \$7.57

IV. EXPENDITURES (Sections N - S)

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

TYPE OF REPORT

CASE2026

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:

Bingham

Dustin

06/20/2026

☒ Check # 7781☐ Debit Card☐ EFT

Name of Vendor Paid by Committee Worker/Consultant

Walmart

Street Address of Vendor

City

State

Zip Code

970 Torringford St

Torrington

CT

06790

Purpose of Expenditure
(by code)

Description

OFFICE

Walmart Office Supplies reimbursement

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

☐ Yes☒ NoExpenditure #
(if applicable)

Event #

Amount

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

\$7.57

Total of Section R

\$1,112.11**IV. EXPENDITURES (Sectuibs N - S)**

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

TYPE OF REPORT

CASE2026

July 10 Filing - Original

S. Surplus Distribution of Equipment and Furniture

Name of Recipient

Street Address

City

State

Zip Code

Original Purchase
Amount of Item

Description of Item

Total of Section S

Section J4. ADDENDUM

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

Section N. ADDENDUM

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

Section P. ADDENDUM

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

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

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