

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

Revised February 2015



Electronic Filing

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Page 1 of 59

COVER PAGE

1. NAME OF COMMITTEE				2. TYPE OF COMMITTEE	
Lee Goldstein CT				☒ Candidate Committee ☐ Exploratory Committee	
3. TREASURER NAME					
First Edward		MI M	Last Chao		Suffix
4. TREASURER ADDRESS					
Street Address 12 Oak St		City Westport		State CT	Zip Code 06880
5. ELECTION DATE 11/03/2026		6. OFFICE SOUGHT (Complete only if Candidate Committee) State Representative			7. DISTRICT NUMBER (if applicable) R136
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First lee		MI	Last goldstein		Suffix
9. TYPE OF REPORT July 10 Filing - Original					
10. PERIOD COVERED					
Beginning Date Ending Date 04/01/2026 thru 06/30/2026					
11. CERTIFICATION					
☒ I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.					
Electronic Filing SIGNATURE		Neil Phillips PRINT NAME OF THE SIGNER		07/08/2026 5:27:26PM 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	
Lee Goldstein CT	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	\$5,110.28	
14. Contributions received from Individuals (Section A and B)	\$4,050.00	\$9,598.00
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
16. Other Monetary Receipts (Section D through I)	\$0.00	\$0.00
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)	\$4,050.00	\$9,598.00
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$9,160.28	\$9,598.00
20. Expenses Paid by Committee (Section N)	\$2,140.58	\$2,578.30
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns)	\$7,019.70	\$7,019.70
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)	\$551.72	\$551.72
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	
Lee Goldstein CT		July 10 Filing - Original	
A. Total Contributions from Small Contributors-Received this Period ONLY		For Nonparticipating Candidates ONLY	
		\$0.00	
B. Itemized Contributions from Individuals			

Last Name Essagof		First Bobbi		MI G	Contribution ID # 0046
Residential Street Address 120 Harbor Rd		City Westport		State CT	Zip Code 06880
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/01/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Hultgren		First Aaron		MI	Contribution ID # 0045
Residential Street Address 12 Birchwood Ln		City Westport		State CT	Zip Code 06880
Principal Occupation Physician		Name of Employer NYU school of medicine			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/01/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Diamond		First Nancy		MI	Contribution ID # 0044
Residential Street Address 31 Fairfield Ave		City Westport		State CT	Zip Code 06880
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/01/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Freemon		First Lori		MI	Contribution ID # 0043
Residential Street Address 14 Catamount Rd		City Westport		State CT	Zip Code 06880
Principal Occupation Homemaker		Name of Employer None			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/01/2026	Aggregate Contributions \$5.00	\$5.00

Last Name von Herrmann		First Anne		MI	Contribution ID # 0042
Residential Street Address 22 Bulkley Ave N .		City Westport		State CT	Zip Code 06880
Principal Occupation Admin		Name of Employer Midwood Financial			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/01/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Ingraldi		First Barbara		MI	Contribution ID # 0041
Residential Street Address 58 Autumn Ridge Rd		City Pound Ridge		State NY	Zip Code 10576
Principal Occupation Nurse		Name of Employer Bedford central school district			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/01/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Epstein		First Sophie		MI	Contribution ID # 0060
Residential Street Address 49 Turkey Hill Rd S		City Westport		State CT	Zip Code 06880
Principal Occupation Recruiter		Name of Employer Oliver James			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/01/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Phillips		First Neil		MI	Contribution ID # 0059
Residential Street Address 73 Wright St		City Westport		State CT	Zip Code 06880
Principal Occupation Lawyer		Name of Employer Lennon Murphy & Phillips			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/01/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Levy		First Robyn		MI	Contribution ID # 0058
Residential Street Address 9 Old Hill Farms Rd		City Westport		State CT	Zip Code 06880
Principal Occupation designer		Name of Employer Designer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/01/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Sansolo		First Marcy		MI	Contribution ID # 0057
Residential Street Address 58 Washington Ave		City Westport		State CT	Zip Code 06880
Principal Occupation Educator		Name of Employer Norwalk Public Schools			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/01/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Herling		First David		MI	Contribution ID # 0056
Residential Street Address 312 Bayberry Ln		City Westport		State CT	Zip Code 06880
Principal Occupation Professor of the Dark Arts		Name of Employer Hogwarts			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/01/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Bailey		First Harold		MI	Contribution ID # 0055
Residential Street Address 296 Greens Farms Rd		City Westport		State CT	Zip Code 06880
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/01/2026	Aggregate Contributions \$5.00	\$5.00

Last Name NGNOUMEN		First NGASSAM		MI	Contribution ID # 0054
Residential Street Address 31 Greenlea Ln		City Weston		State CT	Zip Code 06883
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/01/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Frascella		First Kate		MI	Contribution ID # 0053
Residential Street Address 40 Rayfield Eoad		City Westport		State CT	Zip Code 06880
Principal Occupation Homemaker		Name of Employer Homemaker			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/01/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Ezzes		First James		MI	Contribution ID # 0052
Residential Street Address 1A Punch Bowl Dr		City Westport		State CT	Zip Code 06880
Principal Occupation general contractor		Name of Employer SOUNDVIEW BUILDERS LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/01/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Macpherson		First Brian		MI	Contribution ID # 0051
Residential Street Address 4 Woods End Ln		City Westport		State CT	Zip Code 06880
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/01/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Chang		First Melissa		MI	Contribution ID # 0050
Residential Street Address 4 Ambler Rd		City Westport		State CT	Zip Code 06880
Principal Occupation Homemaker		Name of Employer Homemaker			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/01/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Asiel		First Maureen		MI	Contribution ID # 0049
Residential Street Address 2 Nutcracker Ln		City Westport		State CT	Zip Code 06880
Principal Occupation Consultant		Name of Employer MFA Consulting, LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/01/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Mayer		First Jeffrey		MI	Contribution ID # 0048
Residential Street Address 31 Fairfield Ave		City Westport		State CT	Zip Code 06880
Principal Occupation Executive		Name of Employer Community Solar Platform			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/01/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Klein		First Nicole		MI	Contribution ID # 0047
Residential Street Address 1 Turkey Hill Cir		City Westport		State CT	Zip Code 06880
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/01/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Elizondo		First Caroline		MI	Contribution ID # 0090
Residential Street Address 11 Harbor Rd		City Westport		State CT	Zip Code 06880
Principal Occupation RN		Name of Employer Caroline Elizondo			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/02/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Howard		First Carrie		MI	Contribution ID # 0089
Residential Street Address 137 Long Lots Rd		City Westport		State CT	Zip Code 06880
Principal Occupation Retail		Name of Employer Carrie Howard			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/02/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Barr		First Evan		MI T	Contribution ID # 0088
Residential Street Address 28 Tamarac Rd		City Westport		State CT	Zip Code 06880
Principal Occupation Attorney		Name of Employer Reed Smith LLP			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/02/2026	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Volper		First Vicki		MI	Contribution ID # 0087
Residential Street Address 57 Old Hill Rd		City Westport		State CT	Zip Code 06880
Principal Occupation lawyer		Name of Employer Vicki Volper			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/02/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Lang		First Amy		MI	Contribution ID # 0086
Residential Street Address 6 Crestwood Rd		City Westport		State CT	Zip Code 06880
Principal Occupation Bursar Associate		Name of Employer Fairfield University			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/02/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Bansak		First Ronald		MI	Contribution ID # 0085
Residential Street Address 22 Davenport Ave		City Westport		State CT	Zip Code 06880
Principal Occupation Digital Retouching Artist		Name of Employer RB2 Creative			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/02/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Subramanian		First Anandi		MI	Contribution ID # 0084
Residential Street Address 10 Twin Bridge Acre Rd		City Westport		State CT	Zip Code 06880
Principal Occupation Homemaker		Name of Employer Homemaker			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/02/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Driscoll		First Rob		MI	Contribution ID # 0083
Residential Street Address 21 Catamount Rd		City Westport		State CT	Zip Code 06880
Principal Occupation Attorney		Name of Employer Davis Wright Tremaine			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/02/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Schussheim		First Debra		MI	Contribution ID # 0082
Residential Street Address 18 Sunnyside Ln		City Westport		State CT	Zip Code 06880
Principal Occupation Physician		Name of Employer Debra Schussheim			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/02/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Phillips		First Dylan		MI	Contribution ID # 0081
Residential Street Address 73 Wright St		City Westport		State CT	Zip Code 06880
Principal Occupation student		Name of Employer student			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/02/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Phillips		First Nathaniel		MI	Contribution ID # 0080
Residential Street Address 73 Wright St		City Westport		State CT	Zip Code 06880
Principal Occupation Student		Name of Employer Student			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/02/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Phillips		First Kimberly		MI	Contribution ID # 0079
Residential Street Address 73 Wright St		City Westport		State CT	Zip Code 06880
Principal Occupation homemaker		Name of Employer homemaker			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/02/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Tang		First Stephanie		MI	Contribution ID # 0078
Residential Street Address 12 Stony Brook Rd		City Westport		State CT	Zip Code 06880
Principal Occupation Women's Health Nurse Practitioner		Name of Employer Unemployed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/02/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Torres		First Christina		MI	Contribution ID # 0077
Residential Street Address 5 Rices Ln		City Westport		State CT	Zip Code 06880
Principal Occupation Educator		Name of Employer Christina Torres			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/02/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Lowman		First Diane		MI	Contribution ID # 0076
Residential Street Address 501 Bradley Ln		City Westport		State CT	Zip Code 06880
Principal Occupation Instructor		Name of Employer Diane Lowman			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/02/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Hordon		First Dorie		MI	Contribution ID # 0075
Residential Street Address 26 Ellery Ln		City Westport		State CT	Zip Code 06880
Principal Occupation Homemaker		Name of Employer N/A			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/02/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Troy-Kopack		First Pam		MI	Contribution ID # 0074
Residential Street Address 11 Daybreak Ln		City Westport		State CT	Zip Code 06880
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/02/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Curry		First Carolanne		MI	Contribution ID # 0073
Residential Street Address 29 Hiawatha Lane Ext		City Westport		State CT	Zip Code 06880
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/02/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Hendley		First Caroline		MI	Contribution ID # 0072
Residential Street Address 5 Silver Brook Rd		City Westport		State CT	Zip Code 06880
Principal Occupation Homemaker		Name of Employer Homemaker			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/02/2026	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Kinnally		First Janette		MI	Contribution ID # 0071
Residential Street Address 7 Grays Farm Rd		City Westport		State CT	Zip Code 06880
Principal Occupation Business and life strategist		Name of Employer Janette Kinnally			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/02/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Dobin-Smith		First James		MI I	Contribution ID # 0070
Residential Street Address 3 Yankee Hill Rd		City Westport		State CT	Zip Code 06880
Principal Occupation Student		Name of Employer Northwestern University			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/02/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Smith		First Christopher		MI W	Contribution ID # 0069
Residential Street Address 3 Yankee Hill Rd		City Westport		State CT	Zip Code 06880
Principal Occupation Attorney		Name of Employer Mintz Levin			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/02/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Shapiro		First Daniel		MI	Contribution ID # 0068
Residential Street Address 27 Park Ln		City Westport		State CT	Zip Code 06880
Principal Occupation Teacher		Name of Employer Bridgeport Public Schools			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/02/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Dobin		First Danielle		MI	Contribution ID # 0067
Residential Street Address 3 Yankee Hill Rd		City Westport		State CT	Zip Code 06880
Principal Occupation Investor		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/02/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Kane		First Melissa		MI	Contribution ID # 0066
Residential Street Address 9 Buena Vista Dr		City Westport		State CT	Zip Code 06880
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/02/2026	Aggregate Contributions \$5.00	\$5.00

Last Name harrington		First Robert		MI J	Contribution ID # 0065
Residential Street Address 7 Woody Ln		City Westport		State NY	Zip Code 06880
Principal Occupation Investment Analyst		Name of Employer Cantor Fitzgerald			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/02/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Glass		First Iris		MI	Contribution ID # 0064
Residential Street Address 42 Lambert Rdg		City Cross River		State NY	Zip Code 10518
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/02/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Goldenberg		First Deborah		MI	Contribution ID # 0063
Residential Street Address 17 Valley Rd		City Westport		State CT	Zip Code 06880
Principal Occupation Teacher		Name of Employer Westport Public Schools			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/02/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Sikorski		First Mary Ellen		MI	Contribution ID # 0062
Residential Street Address 142 Compo Rd S		City Westport		State CT	Zip Code 06880
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/02/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Curran		First Stacie		MI	Contribution ID # 0061
Residential Street Address 392 Greens Farms Rd		City Westport		State CT	Zip Code 06880
Principal Occupation Homaemaker		Name of Employer None			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/02/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Nadel		First Jill		MI	Contribution ID # 0093
Residential Street Address 77 Sturges Hwy		City Westport		State CT	Zip Code 06880
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/02/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Desser		First Christine		MI	Contribution ID # 0092
Residential Street Address 10 Sniffen Rd		City Westport		State CT	Zip Code 06880
Principal Occupation Unemployed		Name of Employer N/A			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/02/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Nichols		First Lisa		MI	Contribution ID # 0091
Residential Street Address 51 S Broadway 415		City White Plains		State NY	Zip Code 10601
Principal Occupation Stylist		Name of Employer Lisa Nichols			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/02/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Christie		First Kevin		MI	Contribution ID # 0103
Residential Street Address 7 Bruce Ln		City Westport		State CT	Zip Code 06880
Principal Occupation First Selectman		Name of Employer Town of Westport			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/03/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Kempner		First Jim		MI	Contribution ID # 0102
Residential Street Address 47 Bermuda Rd		City Westport		State CT	Zip Code 06880
Principal Occupation Real Estate Investment		Name of Employer Kempner Properties LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/03/2026	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Kempner		First Sara		MI	Contribution ID # 0101
Residential Street Address 47 Bermuda Rd		City Westport		State CT	Zip Code 06880
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/03/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Cohen		First Lauren		MI	Contribution ID # 0100
Residential Street Address 88 Partrick Rd		City Westport		State CT	Zip Code 06880
Principal Occupation Writer		Name of Employer Lauren Cohen			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/03/2026	Aggregate Contributions \$50.00	\$50.00

Last Name ruthven		First becky		MI	Contribution ID # 0099
Residential Street Address 3 Panhandle Ln		City Westport		State CT	Zip Code 06880
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/03/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Bailey		First Bernicestine		MI	Contribution ID # 0098
Residential Street Address 296 Greens Farms Rd		City Westport		State CT	Zip Code 06880
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/03/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Kostek		First Adam		MI	Contribution ID # 0097
Residential Street Address 16 Keyser Rd		City Westport		State CT	Zip Code 06880
Principal Occupation Retail Worker		Name of Employer LEGO			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/03/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Schussheim		First Benjamin		MI	Contribution ID # 0096
Residential Street Address 18 Sunnyside Ln		City Westport		State CT	Zip Code 06880
Principal Occupation Software Engineer		Name of Employer Lila Sciences			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/03/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Schussheim		First Rebecca		MI	Contribution ID # 0095
Residential Street Address 18 Sunnyside Ln		City Westport		State CT	Zip Code 06880
Principal Occupation Student		Name of Employer Student			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/03/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Schussheim		First Adam		MI	Contribution ID # 0094
Residential Street Address 18 Sunnyside Ln		City Westport		State CT	Zip Code 06880
Principal Occupation Physician		Name of Employer Cardiac Specialists			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/03/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Nguyen		First Trammi		MI	Contribution ID # 0119
Residential Street Address 59 Old Rd		City Westport		State CT	Zip Code 06880
Principal Occupation Children's Library Associate		Name of Employer The Westport Library			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/04/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Lang		First Gregory		MI F	Contribution ID # 0118
Residential Street Address 6 Crestwood Rd		City Westport		State CT	Zip Code 06880
Principal Occupation Attorney		Name of Employer Hunton Andrews Kurth LLP			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/04/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Teplica		First Whitman		MI	Contribution ID # 0117
Residential Street Address 52 Maple Ave S		City Westport		State CT	Zip Code 06880
Principal Occupation Student		Name of Employer Student			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/04/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Teplica		First Carter		MI	Contribution ID # 0116
Residential Street Address 52 Maple Ave S		City Westport		State CT	Zip Code 06880
Principal Occupation Student		Name of Employer Student			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/04/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Dillon		First Jill		MI	Contribution ID # 0115
Residential Street Address 9 Rices Ln		City Westport		State CT	Zip Code 06880
Principal Occupation Homemaker		Name of Employer N/A			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/04/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Gordon		First Linda		MI	Contribution ID # 0114
Residential Street Address 104 Clapboard Hill Rd		City Westport		State CT	Zip Code 06880
Principal Occupation operations		Name of Employer Group Gordon			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/04/2026	Aggregate Contributions \$5.00	\$5.00

Last Name LAUTENBERG		First ELLEN		MI S	Contribution ID # 0113
Residential Street Address 10 Woody Ln		City Westport		State CT	Zip Code 06880
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/04/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Diorio		First Anna		MI	Contribution ID # 0112
Residential Street Address 3 Cross Brook Ln		City Westport		State CT	Zip Code 06880
Principal Occupation student		Name of Employer student			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/04/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Diorio		First Stephen		MI	Contribution ID # 0111
Residential Street Address 3 Cross Brook Ln		City Westport		State CT	Zip Code 06880
Principal Occupation Consultant-Manager		Name of Employer Horizon Media			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/04/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Benanav		First Tamara		MI	Contribution ID # 0110
Residential Street Address 11 Poplar Plains Rd .		City Westport		State CT	Zip Code 06880
Principal Occupation Independent Educational Consultant		Name of Employer Campus View Consulting			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/04/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Ganeshram		First Ramin		MI	Contribution ID # 0109
Residential Street Address 30 Evergreen Ave		City Westport		State CT	Zip Code 06880
Principal Occupation Historian		Name of Employer Westport Museum			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/04/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Spencer		First Anne		MI	Contribution ID # 0108
Residential Street Address 25 Compo Pkwy		City Westport		State CT	Zip Code 06880
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/04/2026	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Adair		First Sarah		MI	Contribution ID # 0107
Residential Street Address 46 Turkey Hill Rd S		City Westport		State CT	Zip Code 06880
Principal Occupation Homemaker		Name of Employer Homemaker			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/04/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Herrmann		First Edward		MI J	Contribution ID # 0106
Residential Street Address 5 Spring Hill Rd		City Westport		State CT	Zip Code 06880
Principal Occupation Student		Name of Employer Bates College			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/04/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Herrmann		First Christian		MI L	Contribution ID # 0105
Residential Street Address 5 Spring Hill Rd		City Westport		State CT	Zip Code 06880
Principal Occupation Radio Broadcasting		Name of Employer Pamal Broadcasting			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/04/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Herrmann		First Susan		MI S	Contribution ID # 0104
Residential Street Address 5 Spring Hill Rd		City Westport		State CT	Zip Code 06880
Principal Occupation Realtor		Name of Employer William Raveis Real Estate			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/04/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Lacroix		First Norman		MI	Contribution ID # 0126
Residential Street Address 35 Arlen Rd		City Westport		State CT	Zip Code 06880
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/05/2026	Aggregate Contributions \$25.00	\$25.00

Last Name lacroix		First celeste		MI k	Contribution ID # 0125
Residential Street Address 35 Arlen Rd		City Westport		State CT	Zip Code 06880
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/05/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Christie		First Gina		MI	Contribution ID # 0124
Residential Street Address 7 Bruce Ln		City Westport		State CT	Zip Code 06880
Principal Occupation Marketing		Name of Employer Danone North America			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/05/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Stollenwerck		First Allyson		MI	Contribution ID # 0123
Residential Street Address 27 Hermit Ln		City Westport		State CT	Zip Code 06880
Principal Occupation Unemployed		Name of Employer Unemployed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/05/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Johnson		First Jennifer		MI J	Contribution ID # 0122
Residential Street Address 28 Tamarac Rd		City Westport		State CT	Zip Code 06880
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/05/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Coady		First Kempton		MI J	Contribution ID # 0121
Residential Street Address 4 Fernwood Rd		City Westport		State CT	Zip Code 06880
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/05/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Landau		First Betty		MI	Contribution ID # 0120
Residential Street Address 3 Hyatt Ln		City Westport		State CT	Zip Code 06880
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/05/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Chan		First Mary		MI	Contribution ID # 0145
Residential Street Address 3 Stoneboat Rd		City Westport		State CT	Zip Code 06880
Principal Occupation Administrative Assistant		Name of Employer Levin & Glasser			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/06/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Gorin		First Jenifer		MI	Contribution ID # 0144
Residential Street Address 21 High Point Rd		City Westport		State CT	Zip Code 06880
Principal Occupation Consultant		Name of Employer Impact Growth Partners			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/06/2026	Aggregate Contributions \$5.00	\$5.00

Last Name McGunagle		First Brian		MI	Contribution ID # 0143
Residential Street Address 3 Old Orchard Rd		City Westport		State CT	Zip Code 06880
Principal Occupation Contractor		Name of Employer Call Brian LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/06/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Ker		First Belinda		MI	Contribution ID # 0142
Residential Street Address 3 Twin Falls Ln		City Westport		State CT	Zip Code 06880
Principal Occupation MD		Name of Employer NEMG			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/06/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Boxenbaum		First David		MI	Contribution ID # 0141
Residential Street Address 9 Fairview Dr		City Westport		State CT	Zip Code 06880
Principal Occupation Music executive		Name of Employer Newport Media Advisors LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/06/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Goldfarb		First Deborah		MI L	Contribution ID # 0140
Residential Street Address 4 Little Ln		City Westport		State CT	Zip Code 06880
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/06/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Wasserman		First Melinda		MI CT	Contribution ID # 0139
Residential Street Address 9 Fairview Dr		City Westport		State CT	Zip Code 06880
Principal Occupation Home Stager		Name of Employer BA Staging and Interiors			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/06/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Nair		First Anil		MI CT	Contribution ID # 0138
Residential Street Address 19 Gault Park Dr		City Westport		State CT	Zip Code 06880
Principal Occupation CTO		Name of Employer Tenetic			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/06/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Ryan		First Micil		MI CT	Contribution ID # 0137
Residential Street Address 32 Washington Ave		City Westport		State CT	Zip Code 06880
Principal Occupation Producer		Name of Employer Dareg Inc			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/06/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Greenberg		First Deborah		MI	Contribution ID # 0136
Residential Street Address 6 Buena Vista Dr		City Westport		State CT	Zip Code 06880
Principal Occupation Election Official		Name of Employer Town of Westport			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/06/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Dowell		First Colin		MI	Contribution ID # 0135
Residential Street Address 100 Coleytown Rd		City Westport		State CT	Zip Code 06880
Principal Occupation Product Manager		Name of Employer Mozilla			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/06/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Drake		First Adam		MI	Contribution ID # 0134
Residential Street Address 60 Red Coat Rd		City Westport		State CT	Zip Code 06880
Principal Occupation Executive		Name of Employer Reflekta			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/06/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Foster		First James		MI A	Contribution ID # 0133
Residential Street Address 13 Hillandale Rd		City Westport		State CT	Zip Code 06880
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/06/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name falk		First harris		MI	Contribution ID # 0132
Residential Street Address 14 Overlook Rd		City Westport		State CT	Zip Code 06880
Principal Occupation consultant		Name of Employer harris falk			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/06/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Barrett		First Nell		MI	Contribution ID # 0131
Residential Street Address 5 Porters Ln		City Westport		State CT	Zip Code 06880
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/06/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Redd		First Brandie		MI	Contribution ID # 0130
Residential Street Address 14 Stoneboat Rd		City Westport		State CT	Zip Code 06880
Principal Occupation Stay at home mom		Name of Employer Unemployed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/06/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Gouveia		First Gloria		MI	Contribution ID # 0129
Residential Street Address 131 Kings Hwy N		City Westport		State CT	Zip Code 06880
Principal Occupation Consultant		Name of Employer LAND USE CONSULTANTS			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/06/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Driscoll		First Nina		MI	Contribution ID # 0128
Residential Street Address 21 Catamount Rd		City Westport		State CT	Zip Code 06880
Principal Occupation student		Name of Employer Student			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/06/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Hsu		First Florence		MI	Contribution ID # 0127
Residential Street Address 55 Old Rd		City Westport		State CT	Zip Code 06880
Principal Occupation Physician		Name of Employer Yale University			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/06/2026	Aggregate Contributions \$5.00	\$5.00

Last Name PINES		First TODD		MI	Contribution ID # 0151
Residential Street Address 43 Old Hill Rd		City Westport		State CT	Zip Code 06880
Principal Occupation INVESTMENT MANAGER		Name of Employer Scion Group LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/07/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Weinberg		First Robin		MI	Contribution ID # 0150
Residential Street Address 43 Old Hill Rd		City Westport		State CT	Zip Code 06880
Principal Occupation Adjunct Professor		Name of Employer CSCU			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/07/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Mechanic		First Dara		MI	Contribution ID # 0149
Residential Street Address 22 Gault Park Dr		City Westport		State CT	Zip Code 06880
Principal Occupation Teacher		Name of Employer LCDS			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/07/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Friedman		First Mark		MI	Contribution ID # 0148
Residential Street Address 14 St George Pl		City Westport		State CT	Zip Code 06880
Principal Occupation Investor		Name of Employer Mark Friedman			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/07/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Fridland		First Jennifer		MI	Contribution ID # 0147
Residential Street Address 26 Cavalry Rd		City Westport		State CT	Zip Code 06880
Principal Occupation Interior Designer		Name of Employer Jennifer Fridland Interior Spaces			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/07/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Dalzell		First Amanda		MI	Contribution ID # 0146
Residential Street Address 78 Clinton Ave		City Westport		State CT	Zip Code 06880
Principal Occupation Homemaker		Name of Employer Homemaker			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/07/2026	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Pendergast		First Laura		MI	Contribution ID # 0153
Residential Street Address 15 Rumpfenmile Ave		City Westport		State CT	Zip Code 06880
Principal Occupation Owner Theater Academy		Name of Employer Me			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/07/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Dockter		First Lucy		MI	Contribution ID # 0152
Residential Street Address 31 Greenlea Ln		City Westport		State CT	Zip Code 06880
Principal Occupation student		Name of Employer student			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/07/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Ross		First Shelley		MI	Contribution ID # 0155
Residential Street Address 28 Old Hill Farms Rd		City Westport		State CT	Zip Code 06880
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/08/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Pintat Rossell		First Sara		MI	Contribution ID # 0154
Residential Street Address 3 Quintard Pl		City Westport		State CT	Zip Code 06880
Principal Occupation Homemaker		Name of Employer 3Quintatd			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/08/2026	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Newman		First Kayla		MI	Contribution ID # 0159
Residential Street Address 25 Cob Dr		City Westport		State CT	Zip Code 06880
Principal Occupation Student		Name of Employer Student			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/08/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Newman		First Lisa		MI	Contribution ID # 0158
Residential Street Address 25 Cob Dr		City Westport		State CT	Zip Code 06880
Principal Occupation Partner, Marketing Firm		Name of Employer Digital 112			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/08/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Mani		First Shobana		MI	Contribution ID # 0157
Residential Street Address 44 Bulkley Ave N		City Westport		State CT	Zip Code 06880
Principal Occupation Consultant - finance and design		Name of Employer Shobana Mani			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/08/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Shinbaum		First Alan		MI	Contribution ID # 0156
Residential Street Address 202 Harvest Cmns		City Westport		State CT	Zip Code 06880
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/08/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Kornbluth		First Zachary		MI	Contribution ID # 0161
Residential Street Address 3 Hyatt Ln		City Westport		State CT	Zip Code 06880
Principal Occupation Unemployed		Name of Employer N/A			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/09/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Schneewind		First Hannah		MI	Contribution ID # 0160
Residential Street Address 7 Thomas Rd		City Westport		State CT	Zip Code 06880
Principal Occupation Literacy Consultant		Name of Employer Hannah Schneewind LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/09/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Greely		First Nathaniel		MI	Contribution ID # 0162
Residential Street Address 10 Drumlin Rd		City Westport		State CT	Zip Code 06880
Principal Occupation Student		Name of Employer Student			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/10/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Lewis		First Catherine		MI	Contribution ID # 0166
Residential Street Address 5 Spruce St		City Westport		State CT	Zip Code 06880
Principal Occupation Therapist		Name of Employer Catherine Lewis LCSW			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/11/2026	Aggregate Contributions \$150.00	\$150.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Bernegger		First Nell		MI W	Contribution ID # 0165
Residential Street Address 2 Cross Hwy		City Westport		State CT	Zip Code 06880
Principal Occupation Art Teacher		Name of Employer Silvermine Arts Center			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/11/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Bennewitz		First Kathleen		MI M	Contribution ID # 0164
Residential Street Address 1 Greenbrier Rd		City Westport		State CT	Zip Code 06880
Principal Occupation Executive Director		Name of Employer Edward Hopper House Museum & Study Center			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/11/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Epstein		First Richard		MI	Contribution ID # 0163
Residential Street Address 2 Red Coat Rd		City Westport		State CT	Zip Code 06880
Principal Occupation Dentist		Name of Employer Westport Dental Associates			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/11/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Smith Orloff		First Paige		MI	Contribution ID # 0171
Residential Street Address 30 E Alford Rd		City West Stockbridge		State MA	Zip Code 01266
Principal Occupation Psychotherapist		Name of Employer Center for Motivation and Change			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/12/2026	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Whitney		First Elaine		MI	Contribution ID # 0170
Residential Street Address 12 Colony Rd		City Westport		State CT	Zip Code 06880
Principal Occupation Hospital administrator		Name of Employer Yale New Haven Hospital			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/12/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Garber		First John		MI T	Contribution ID # 0169
Residential Street Address 12 Colony Rd		City Westport		State CT	Zip Code 06880
Principal Occupation Executive		Name of Employer ADP			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/12/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Whitney		First Edward		MI A	Contribution ID # 0168
Residential Street Address 12 Colony Rd		City Westport		State CT	Zip Code 06880
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/12/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Harris-Jagenberg		First Sonya		MI R	Contribution ID # 0167
Residential Street Address 6 Bowling Ln		City Westport		State CT	Zip Code 06880
Principal Occupation Homemaker		Name of Employer Homemaker			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/12/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Mellin		First Nisa		MI	Contribution ID # 0173
Residential Street Address 101 Harvest Cmns		City Westport		State CT	Zip Code 06880
Principal Occupation Unemployed		Name of Employer Unemployed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/13/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Perkins		First Evan		MI S	Contribution ID # 0172
Residential Street Address 8 Beltas Farm Ln		City Westport		State CT	Zip Code 06880
Principal Occupation Auto sales		Name of Employer Honda Of Westport			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/13/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Carey-Moody		First Michele		MI M	Contribution ID # 0174
Residential Street Address 6 Arrowhead Rd		City Westport		State CT	Zip Code 06880
Principal Occupation Homemaker		Name of Employer Homemaker			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/15/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Kail		First Nancy		MI R	Contribution ID # 0175
Residential Street Address 15 River View Rd		City Westport		State CT	Zip Code 06880
Principal Occupation Educator		Name of Employer Kail			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/21/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Covaci		First Ive		MI	Contribution ID # 0180
Residential Street Address 12 Moss Ledge Rd		City Westport		State CT	Zip Code 06880
Principal Occupation Art historian		Name of Employer Fairfield University (part time)			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/01/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Vindiola		First Shannon		MI	Contribution ID # 0179
Residential Street Address 61 Kings Hwy S		City Westport		State CT	Zip Code 06880
Principal Occupation Designer		Name of Employer Yozo Studio			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/01/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Herrmann		First Edward		MI J	Contribution ID # 0178
Residential Street Address 5 Spring Hill Rd		City Westport		State CT	Zip Code 06880
Principal Occupation College student		Name of Employer Bates College			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/01/2026	Aggregate Contributions \$10.00	\$5.00

Last Name Shamie		First Greg		MI	Contribution ID # 0177
Residential Street Address 6 Overlook Rd		City Westport		State CT	Zip Code 06880
Principal Occupation Staff developer		Name of Employer The Leadership Program			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/01/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Lewis		First Stacie		MI	Contribution ID # 0176
Residential Street Address 6 Overlook Rd		City Westport		State CT	Zip Code 06880
Principal Occupation Performer and Educator			Name of Employer Stacie Lewis Shamie		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$5.00
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #		Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/01/2026	
				Aggregate Contributions \$5.00	

Last Name Colotti		First Julie		MI M	Contribution ID # 0181
Residential Street Address 8 Gorham Avenue Westport Ct , USA		City Westport		State CT	Zip Code 06880
Principal Occupation homemaker			Name of Employer homemaker		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$5.00
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #		Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/02/2026	
				Aggregate Contributions \$5.00	

Last Name Mudd		First Margaret		MI F	Contribution ID # 0182
Residential Street Address 21 Baker Ave		City Westport		State CT	Zip Code 06880
Principal Occupation Retired			Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$5.00
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #		Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/04/2026	
				Aggregate Contributions \$5.00	

Total of Section B					\$4,050.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Total on Line 14, Column A of Summary Page)					\$4,050.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					TYPE OF REPORT	
Lee Goldstein CT					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?		Amount of Contribution
				Yes No If yes, list Event #		
City	State	Zip Code	Date Received	Aggregate Contributions		
Total of Section C1						

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE					TYPE OF REPORT	
Lee Goldstein CT					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
Lee Goldstein 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
Lee Goldstein 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
Lee Goldstein 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
Lee Goldstein CT	July 10 Filing - Original

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

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

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

NAME OF COMMITTEE	TYPE OF REPORT
Lee Goldstein 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		

Total of Section I

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Lee Goldstein CT				July 10 Filing - Original	
J1. Event Information					
Event # Date of Event 05/31/2026	Letter A	Description Picnic Event		Was this a fundraising event? ☐ Yes ☒ No	
Location: Street Address 60 Compo Beach Rd			City Westport	State CT	Zip Code 06880
Was this event hosted at a personal residence?		☐ Yes ☒ No	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.		
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		☐ Yes ☒ No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.		
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		☐ Yes ☒ No	(If yes, enter Total Receipts here.)		\$0.00
Total of Section J1					\$0.00

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Lee Goldstein 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:	Description of Donation			Fair Market Value of Donation	
Individual					
Business Entity	Date Received	Event #	Aggregate value for this event		
Sole Proprietorship					
Total of Section J3					

II.EVENT ACTIVITY (Sections J1 - J4)

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

K. In-Kind Contributions

Name			
Street Address		City	State Zip Code
Is this contribution associated with an event reported in Section J1?	Yes No	Description of In-Kind Contribution	
If yes, list Event#			
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	Is contributor a principal of a state contractor or prospective state contractor?	Yes No
		If yes, indicate which branch or branches of government the contract is with:	Executive Legislative
Type of Contributor:		Date Received	Aggregate contributions
Individual Committee Sole Proprietorship			

Total of Section K

III. Non Monetary Receipts (Sections K - L)

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

Name of Payee James Dobin Smith		Date of Payment 05/11/2026	Method of Payment ☒ Check # <u>995001</u> ☐ Debit Card ☐ EFT	
Street Address 639 Library Pl		City Evanston	State IL	Zip Code 60201
Purpose of Expendit WEB	Description Campaign web site			Amount \$368.88
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 CVS Pharmacy		Date of Payment 05/31/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 397 Post Rd E		City Westport	State CT	Zip Code 06880
Purpose of Expendit FOOD	Description Ice			Amount \$11.97
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 # 05312026A	

Name of Payee Maureen Asiel		Date of Payment 06/10/2026	Method of Payment ☒ Check # <u>995002</u> ☐ Debit Card ☐ EFT	
Street Address 2 Nutcracker Ln		City Westport	State CT	Zip Code 06880
Purpose of Expendit RMB	Description			Amount \$85.62
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
Lee Goldstein CT	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Abby Tolan		Date of Payment 06/10/2026	Method of Payment ☒ Check # <u>995003</u> ☐ Debit Card ☐ EFT	
Street Address 1 Harbor Rd		City Westport	State CT	Zip Code 06880
Purpose of Expendit RMB	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$149.57

Name of Payee Sung Chao		Date of Payment 06/10/2026	Method of Payment ☒ Check # <u>995004</u> ☐ Debit Card ☐ EFT	
Street Address 12 Oak St		City Westport	State CT	Zip Code 06880
Purpose of Expendit RMB	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$123.30

Name of Payee Ngassam Ngnoumen		Date of Payment 06/11/2026	Method of Payment ☒ Check # <u>995005</u> ☐ Debit Card ☐ EFT	
Street Address 31 Greenlea Ln		City Westport	State CT	Zip Code 06880
Purpose of Expendit RMB	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$630.72

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee Lee Goldstein	Date of Payment 06/18/2026	Method of Payment ☒ Check # <u>995006</u> ☐ Debit Card ☐ EFT
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Street Address 31 Greenlea Ln	City Westport	State CT	Zip Code 06880
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Purpose of Expendit RMB	Description	Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N	Expenditure # (if applicable)	Event #
		\$551.72

Name of Payee Day Campaign	Date of Payment 06/30/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT
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Street Address 112 Bloomfield Ave	City Windsor	State CT	Zip Code 06095
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Purpose of Expendit BNK	Description Credit Card/Banking Transaction fees	Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N	Expenditure # (if applicable)	Event #
		\$218.80

Total of Section N**\$2,140.58**

IV. EXPENDITURES (Sections N - S)

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

O. Expenses Paid By Candidate

Name of Payee (Name of vendor who candidate paid directly) Universal Printing & Mail			Date of Payment 04/17/2026		Is Reimbursement Claimed? ☒ Yes ☐ No	
Street Address 75 Ardmore St		City Fairfield		State CT	Zip Code 06824	Amount \$340.37
Purpose of Expenditure (by code) PRNT	Description Palm card printing and graphic design			Event #		
Name of Payee (Name of vendor who candidate paid directly) Longshore Tennis			Date of Payment 05/05/2026		Is Reimbursement Claimed? ☒ Yes ☐ No	
Street Address 260 Compo Rd S		City Westport		State CT	Zip Code 06880	Amount \$75.00
Purpose of Expenditure (by code) INAUG	Description Compo Beach - south beach rental costs			Event # 05312026A		
Name of Payee (Name of vendor who candidate paid directly) Mailchimp			Date of Payment 06/01/2026		Is Reimbursement Claimed? ☒ Yes ☐ No	
Street Address 405 N Angier Ave NE		City Atlanta		State GA	Zip Code 30308	Amount \$136.35
Purpose of Expenditure (by code) A-WEB	Description			Event #		
Total of Section O						\$551.72

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

IV. EXPENDITURES (Sections N - S)

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

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Chao	First Sung	MI	Date of Payment to Vendor 05/14/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☒ Check # 995004 ☐ Debit Card ☐ EFT
Name of Vendor Paid by Committee Worker/Consultant Dollar Tree				
Street Address of Vendor 14 Danbury Rd		City Wilton		State CT Zip Code 06897
Purpose of Expenditure (by code) INAUG	Description Tablecovers and plastic cutlery			
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 # 05312026A	Amount \$19.14

Last Name of Worker/Consultant Chao	First Sung	MI	Date of Payment to Vendor 05/14/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☒ Check # 995004 ☐ Debit Card ☐ EFT
Name of Vendor Paid by Committee Worker/Consultant Walmart				
Street Address of Vendor 650 Main Ave		City Norwalk		State CT Zip Code 06851
Purpose of Expenditure (by code) INAUG	Description Napkins			
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 # 05312026A	Amount \$24.59

IV. EXPENDITURES (Sections N - S)

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

TYPE OF REPORT

Lee Goldstein CT

July 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Chao	First Sung	MI	Date of Payment to Vendor 05/29/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☒ Check # 995004 ☐ Debit Card ☐ EFT
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Name of Vendor Paid by Committee Worker/Consultant

Dollar Tree

Street Address of Vendor

14 Danbury Rd

City

Wilton

State

CT

Zip Code

06897

Purpose of Expenditure
(by code)

INAUG

Description

Decoratins

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 #

05312026A

Amount

\$7.55

Last Name of Worker/Consultant Ngounmen	First Ngassam	MI	Date of Payment to Vendor 05/29/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☒ Check # 995005 ☐ Debit Card ☐ EFT
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Name of Vendor Paid by Committee Worker/Consultant

Castle Wine & Spirits

Street Address of Vendor

1439 Post Rd E

City

Westport

State

CT

Zip Code

06880

Purpose of Expenditure
(by code)

FOOD

Description

Beverages, net of returns on 5/31/2026

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 #

05312026A

Amount

\$163.95

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lee Goldstein CT	July 10 Filing - Original
R. Itemization of Reimbursements and Secondary Payees	

Last Name of Worker/Consultant Ngnoumen	First Ngassam	MI	Date of Payment to Vendor 05/29/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☒ Check # 995005 ☐ Debit Card ☐ EFT
Name of Vendor Paid by Committee Worker/Consultant Costco Wholesale				
Street Address of Vendor 779 Connecticut Ave		City Norwalk		State CT Zip Code 06880
Purpose of Expenditure (by code) FOOD	Description Beverages			
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 # 05312026A	Amount \$51.36

Last Name of Worker/Consultant Chao	First Sung	MI	Date of Payment to Vendor 05/29/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☒ Check # 995004 ☐ Debit Card ☐ EFT
Name of Vendor Paid by Committee Worker/Consultant Michaels				
Street Address of Vendor 14 Danbury Rd		City Wilton		State CT Zip Code 06897
Purpose of Expenditure (by code) INAUG	Description Plastic flowers			
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 # 05312026A	Amount \$12.70

IV. EXPENDITURES (Sections N - S)

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

TYPE OF REPORT

Lee Goldstein 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:

Chao

Sung

05/29/2026

☒ Check # 995004☐ Debit Card☐ EFT

Name of Vendor Paid by Committee Worker/Consultant

Michaels

Street Address of Vendor

City

State

Zip Code

14 Danbury Rd

Wilton

CT

06897

Purpose of Expenditure
(by code)

Description

Decorations

INAUG

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

05312026A

\$10.61

Last Name of Worker/Consultant

First

MI

Date of Payment to Vendor

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

Chao

Sung

05/30/2026

☒ Check # 995004☐ Debit Card☐ EFT

Name of Vendor Paid by Committee Worker/Consultant

Aldi

Street Address of Vendor

City

State

Zip Code

290 Tunxis Hill Rd

Fairfield

CT

06825

Purpose of Expenditure
(by code)

Description

Food

FOOD

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

05312026A

\$31.78

IV. EXPENDITURES (Sections N - S)

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

TYPE OF REPORT

Lee Goldstein CT

July 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Chao	First Sung	MI	Date of Payment to Vendor 05/30/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☒ Check # 995004 ☐ Debit Card ☐ EFT
Name of Vendor Paid by Committee Worker/Consultant Stop and Shop				
Street Address of Vendor 760 Villa Ave		City Fairfield	State CT	Zip Code 06825
Purpose of Expenditure (by code) FOOD	Description Food			
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 # 05312026A	Amount \$16.93

Last Name of Worker/Consultant Asiel	First Maureen	MI	Date of Payment to Vendor 05/30/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☒ Check # 995002 ☐ Debit Card ☐ EFT
Name of Vendor Paid by Committee Worker/Consultant Costco Wholesale				
Street Address of Vendor 779 Connecticut Ave		City Norwalk	State CT	Zip Code 06854
Purpose of Expenditure (by code) FOOD	Description Food			
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 # 05312026A	Amount \$56.84

IV. EXPENDITURES (Sections N - S)

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

TYPE OF REPORT

Lee Goldstein CT

July 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Asiel	First Maureen	MI	Date of Payment to Vendor 05/30/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☒ Check # 995002 ☐ Debit Card ☐ EFT
Name of Vendor Paid by Committee Worker/Consultant Party Harty				
Street Address of Vendor 578 Post Rd E		City Westport		State CT Zip Code 06888
Purpose of Expenditure (by code) INAUG	Description Table clips			
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 # 05312026A	Amount \$18.61

Last Name of Worker/Consultant Ngounmen	First Ngassam	MI	Date of Payment to Vendor 05/30/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☒ Check # 995005 ☐ Debit Card ☐ EFT
Name of Vendor Paid by Committee Worker/Consultant Staples				
Street Address of Vendor 1201 Kings Hwy		City Fairfield		State CT Zip Code 06824
Purpose of Expenditure (by code) INAUG	Description Nametags			
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 # 05312026A	Amount \$10.09

IV. EXPENDITURES (Sections N - S)

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

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Ngounmen	First Ngassam	MI	Date of Payment to Vendor 05/31/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☒ Check # 995005 ☐ Debit Card ☐ EFT
Name of Vendor Paid by Committee Worker/Consultant Dollar Tree				
Street Address of Vendor 330 Connecticut Ave		City Norwalk		State CT Zip Code 06854
Purpose of Expenditure (by code) INAUG	Description Plastic cups			
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 # 05312026A	Amount \$5.32

Last Name of Worker/Consultant Ngounmen	First Ngassam	MI	Date of Payment to Vendor 05/31/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☒ Check # 995005 ☐ Debit Card ☐ EFT
Name of Vendor Paid by Committee Worker/Consultant Lifted Spirits Mobile Bar and Staffing				
Street Address of Vendor 23 Flora Pl		City Stamford		State CT Zip Code 06903
Purpose of Expenditure (by code) FOOD	Description Bartender services			
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 # 05312026A	Amount \$400.00

IV. EXPENDITURES (Sections N - S)

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

TYPE OF REPORT

Lee Goldstein CT

July 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Tolan	First Abby	MI	Date of Payment to Vendor 05/31/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☒ Check # 995003 ☐ Debit Card ☐ EFT
Name of Vendor Paid by Committee Worker/Consultant Whole Foods Market				
Street Address of Vendor 399 Post Rd W		City Westport	State CT	Zip Code 06880
Purpose of Expenditure (by code) FOOD	Description Food			
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 # 05312026A	Amount \$149.57

Last Name of Worker/Consultant Asiel	First Maureen	MI	Date of Payment to Vendor 05/31/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☒ Check # 995002 ☐ Debit Card ☐ EFT
Name of Vendor Paid by Committee Worker/Consultant Cumberland Farms				
Street Address of Vendor 690 Post Rd E		City Westport	State CT	Zip Code 06880
Purpose of Expenditure (by code) FOOD	Description Ice			
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 # 05312026A	Amount \$10.17

Total of Section R**\$989.21**

IV. EXPENDITURES (Sectuibs N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lee Goldstein 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

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