

SEEC FORM 30

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



Electronic Filing

Do Not Mark in This Space For Official Use Only

Page 1 of 63

COVER PAGE

1. NAME OF COMMITTEE				2. TYPE OF COMMITTEE	
Brown 2026				☒ Candidate Committee ☐ Exploratory Committee	
3. TREASURER NAME					
First	MI	Last		Suffix	
Thomas	J	Gaudett			
4. TREASURER ADDRESS					
Street Address	City	State	Zip Code		
1705 Capitol Ave	Bridgeport	CT	06604		
5. ELECTION DATE	6. OFFICE SOUGHT (Complete only if Candidate Committee)			7. DISTRICT NUMBER (if applicable)	
11/03/2026	State Representative			R127	
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First	MI	Last		Suffix	
Marcus	A	Brown			
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		Thomas Gaudett		07/09/2026 8:15:38PM	
SIGNATURE		PRINT NAME OF THE SIGNER		DATE CERTIFIED	
A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty of up to \$25,000, unless a fine of a larger amount is otherwise provided for as a maximum fine in the Connecticut General Statutes.					

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised February 2015

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT	
Brown 2026	July 10 Filing - Original	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		\$0.00
13. Balance on hand at the beginning of Reporting Period	\$0.00	
14. Contributions received from Individuals (Section A and B)	\$8,661.00	\$8,661.00
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)	\$8,661.00	\$8,661.00
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$8,661.00	\$8,661.00
20. Expenses Paid by Committee (Section N)	\$6,025.45	\$6,025.45
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns)	\$2,635.55	\$2,635.55
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$0.00
23. In-Kind Donations not Considered Contributions - House Party (Section J4)	\$0.00	\$0.00
24. In-Kind Contributions Received (Section K)	\$0.00	\$0.00
25. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00
26. Beginning Loan Balance	\$0.00	
26a. + Loans Received (Section D)	\$0.00	\$0.00
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
26c. - Payments on Loan(s)	\$0.00	\$0.00
26d. Total Outstanding Loan Amount	\$0.00	
27. Campaign Expenses Paid By Candidate (Section O)	\$0.00	\$0.00
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$0.00	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$0.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Brown 2026		July 10 Filing - Original	
A. Total Contributions from Small Contributors-Received this Period ONLY		For Nonparticipating Candidates ONLY	
		\$0.00	
B. Itemized Contributions from Individuals			

Last Name Vickers		First Constance		MI	Contribution ID # 0024
Residential Street Address 881 Lafayette Blvd 881 Lafayette Blvd Unit 1B		City Bridgeport		State CT	Zip Code 06604
Principal Occupation Deputy CAO		Name of Employer City of Bridgeport			
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 04/20/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Gaudett		First Thomas		MI	Contribution ID # 0182
Residential Street Address 1705 Capitol Ave		City Bridgeport		State CT	Zip Code 06604
Principal Occupation Chief Administrative Officer		Name of Employer City of Bridgeport			
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 05/11/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Jackson		First Dhafir		MI	Contribution ID # 0040
Residential Street Address 60 Wake St		City Bridgeport		State CT	Zip Code 06610
Principal Occupation Freelancer		Name of Employer Freelancer			
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 05/11/2026	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
Brown 2026	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Morales		First Jennifer		MI	Contribution ID # 0073
Residential Street Address 12 Toll Gate Rd		City Monroe		State CT	Zip Code 06468
Principal Occupation Teacher		Name of Employer Jennifer Morales			
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 05/11/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Manzo		First Joann		MI	Contribution ID # 0075
Residential Street Address 163 Scofield Ave		City Bridgeport		State CT	Zip Code 06605
Principal Occupation Para		Name of Employer Bridgeport BOE			
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 05/11/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Benejan Grajales		First Albert		MI	Contribution ID # 0004
Residential Street Address 120 Middle St # 362		City Bridgeport		State CT	Zip Code 06602
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/11/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Donnelly		First Darren		MI	Contribution ID # 0033
Residential Street Address 306 Canfield Ave 306 Canfield Ave # A320		City Bridgeport		State CT	Zip Code 06605
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 05/11/2026	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
Brown 2026	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name lopez		First Luis		MI	Contribution ID # 0116
Residential Street Address 306 Canfield Ave 306 Canfield Ave Apt 320		City Bridgeport		State CT	Zip Code 06605
Principal Occupation Artist		Name of Employer Luis Lopez			
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 05/11/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Malheiro		First Virginia		MI	Contribution ID # 0190
Residential Street Address 11 Botsford Pl		City Trumbull		State CT	Zip Code 06611
Principal Occupation Director of Bpt Port Authority		Name of Employer Bridgeport Port Authority			
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 05/12/2026	Aggregate Contributions \$200.00	\$200.00

Last Name Ramos		First Michael		MI S	Contribution ID # 0136
Residential Street Address 252 Wolfpit Ave		City Norwalk		State CT	Zip Code 06851
Principal Occupation Commercial Banking Credit Manager		Name of Employer M&T Bank			
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 05/12/2026	Aggregate Contributions \$200.00	\$200.00

Last Name Bhalla		First Vanita		MI	Contribution ID # 0187
Residential Street Address 26 Parkland Dr		City Woodbury		State CT	Zip Code 06798
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/12/2026	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
Brown 2026	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name saffan		First Howard		MI	Contribution ID # 0063
Residential Street Address 9 Squires Ln		City Weston		State CT	Zip Code 06883
Principal Occupation Owner		Name of Employer SportsCenter of Conn.			
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 05/12/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Pizarro		First Daniel		MI	Contribution ID # 0031
Residential Street Address 1491 Huntington Tpke		City Trumbull		State CT	Zip Code 06611
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/12/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Cooper		First Jazmin		MI R	Contribution ID # 0070
Residential Street Address 65 Radel St		City Bridgeport		State CT	Zip Code 06607
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 05/12/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Binkley		First Ann		MI	Contribution ID # 0012
Residential Street Address 2625 Park Ave # 11B		City Bridgeport		State CT	Zip Code 06604
Principal Occupation Purchasing		Name of Employer City of Bridgeport			
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 05/12/2026	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
Brown 2026	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Badolato		First Joseph		MI A	Contribution ID # 0091
Residential Street Address 48 Suburban Ave		City Bridgeport		State CT	Zip Code 06604
Principal Occupation Law Enforcement		Name of Employer City of Bridgeport			
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 05/12/2026	Aggregate Contributions \$200.00	\$200.00

Last Name Mariani		First John		MI T	Contribution ID # 0079
Residential Street Address 70 Leslie Rd Unit D		City Bridgeport		State CT	Zip Code 06606
Principal Occupation Real estate appraiser		Name of Employer John T. Mariani			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/13/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Diaz		First Hector		MI A	Contribution ID # 0062
Residential Street Address 34 Arthur St .		City Bridgeport		State CT	Zip Code 06605
Principal Occupation Sales		Name of Employer Keeler Lexus			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/13/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Conine		First Luann		MI	Contribution ID # 0114
Residential Street Address 63 Lobsterback Rd		City Shelton		State CT	Zip Code 06484
Principal Occupation Superintendent of Recreation		Name of Employer City of Bridgeport			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/13/2026	Aggregate Contributions \$340.00	\$340.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name palmer		First joseph		MI	Contribution ID # 0092
Residential Street Address 378 Towne House Rd		City Fairfield		State CT	Zip Code 06824
Principal Occupation Interior Design		Name of Employer Alexis Parent 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 05/13/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Rosario		First Christopher		MI	Contribution ID # 0022
Residential Street Address 195 French St		City Bridgeport		State CT	Zip Code 06606
Principal Occupation Legislator		Name of Employer State of Connecticut			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/13/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Hosten		First Colin		MI	Contribution ID # 0023
Residential Street Address 71 Aiken St # A14		City Norwalk		State CT	Zip Code 06851
Principal Occupation Lecturer		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 05/13/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Taylor		First Alveta		MI	Contribution ID # 0008
Residential Street Address 540 Bond St Apt 144		City Bridgeport		State CT	Zip Code 06610
Principal Occupation Customer Service Rep and Returns		Name of Employer Shoptite			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/13/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name ADAMS		First EDWARD		MI M	Contribution ID # 0046
Residential Street Address 2 Blake Dr		City Fairfield		State CT	Zip Code 06824
Principal Occupation Attorney		Name of Employer City of Bridgeport			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/13/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Alvarez		First Kevin		MI 	Contribution ID # 0102
Residential Street Address 98 Clinton Ave		City New Haven		State CT	Zip Code 06513
Principal Occupation Deputy CoS		Name of Employer State of CT OTT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/13/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Flatto		First Kenneth		MI 	Contribution ID # 0100
Residential Street Address 245 Unquowa Rd Apt 112		City Fairfield		State CT	Zip Code 06824
Principal Occupation Manager		Name of Employer City of Bridgeport			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/13/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Costello		First Domenic		MI 	Contribution ID # 0042
Residential Street Address 6 Richards Pl		City Trumbull		State CT	Zip Code 06611
Principal Occupation Labor Relations		Name of Employer City of Bridgeport			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/13/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Felipe		First Antonio		MI	Contribution ID # 0014
Residential Street Address 325 Lafayette St		City Bridgeport		State CT	Zip Code 06604
Principal Occupation Manager of Community Partnerships		Name of Employer University of Bridgeport			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/14/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Thommen		First Dave		MI	Contribution ID # 0034
Residential Street Address 450 Lake Ave		City Bridgeport		State CT	Zip Code 06605
Principal Occupation Real Estate		Name of Employer William Pitt Sotheby's			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/14/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Turner		First Lenore		MI	Contribution ID # 0109
Residential Street Address 36 Bryant St		City Bridgeport		State CT	Zip Code 06605
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/15/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Roach		First Daniel		MI	Contribution ID # 0030
Residential Street Address 19 Quinlan Ave		City Bridgeport		State CT	Zip Code 06605
Principal Occupation Gov't Operations		Name of Employer City of Bridgeport			
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 05/15/2026	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
Brown 2026	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Desmond		First Jennifer		MI D	Contribution ID # 0072
Residential Street Address 43 Circular Ave		City Bridgeport		State CT	Zip Code 06605
Principal Occupation Child Care		Name of Employer Jennifer Desmond			
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 05/15/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Agueda		First Maria		MI M	Contribution ID # 0123
Residential Street Address 97A Yaremich Dr		City Bridgeport		State CT	Zip Code 06606
Principal Occupation Special Project Coordinator		Name of Employer City of Bridgeport			
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 05/15/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Hosier		First John		MI M	Contribution ID # 0080
Residential Street Address 1244 Capitol I		City Bridgeport		State CT	Zip Code 06606
Principal Occupation Good Service		Name of Employer St. Vincent's Medical 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 05/17/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Dubac		First Loret		MI B	Contribution ID # 0113
Residential Street Address 200 Woodmont Ave # 119		City Bridgeport		State CT	Zip Code 06606
Principal Occupation Phlebotomist		Name of Employer Loretta Dubac			
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 05/17/2026	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Parisi		First Stephen		MI	Contribution ID # 0170
Residential Street Address 151 Astoria Ave		City Bridgeport		State CT	Zip Code 06604
Principal Occupation Custodial		Name of Employer Fairfield 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 05/19/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Sireau		First Michelle		MI	Contribution ID # 0138
Residential Street Address 151 Astoria Ave		City Bridgeport		State CT	Zip Code 06604
Principal Occupation Secretary		Name of Employer Fairfield 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 05/19/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Costello		First Danielle		MI	Contribution ID # 0032
Residential Street Address 6 Richards Pl		City Trumbull		State CT	Zip Code 06611
Principal Occupation Retirement Administrator		Name of Employer City of Bridgeport			
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 05/19/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Roach		First Bonita		MI	Contribution ID # 0018
Residential Street Address 19 Quinlan Ave		City Bridgeport		State CT	Zip Code 06605
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/20/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Roach		First Matthew		MI D	Contribution ID # 0132
Residential Street Address 55 Haddon St		City Bridgeport		State CT	Zip Code 06605
Principal Occupation Social Worker		Name of Employer Boys and Girls Village			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/20/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Torres		First Mariely		MI CT	Contribution ID # 0125
Residential Street Address 53 High St		City Naugatuck		State CT	Zip Code 06770
Principal Occupation Data Analyst		Name of Employer City of Bridgeport			
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 05/21/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Santos		First Katherine		MI CT	Contribution ID # 0096
Residential Street Address 442 Morehouse St		City Bridgeport		State CT	Zip Code 06605
Principal Occupation Bartender		Name of Employer Matty's Corner			
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 05/22/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Bysiewicz		First Susan		MI CT	Contribution ID # 0172
Residential Street Address 15 Tall Timbers Rd		City Middletown		State CT	Zip Code 06457
Principal Occupation Lt governor/attorney		Name of Employer State of Connecticut			
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 # 05292026A	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/22/2026	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
Brown 2026	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Baldwin		First Jessica		MI	Contribution ID # 0074
Residential Street Address 1443 W Nroad St		City Stratford		State CT	Zip Code 06615
Principal Occupation Registrar		Name of Employer City of Bridgeport			
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 05/22/2026	Aggregate Contributions \$200.00	\$200.00

Last Name White		First Rowena		MI	Contribution ID # 0161
Residential Street Address 116 Mansfield Grove Rd		City East Haven		State CT	Zip Code 06512
Principal Occupation Comms PR Mktg		Name of Employer TMR The Marketing Row			
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 05/22/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Judge		First David		MI A	Contribution ID # 0035
Residential Street Address 51 Brooklawn Pl		City Bridgeport		State CT	Zip Code 06604
Principal Occupation Business Owner		Name of Employer Judge Electric, 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 05/24/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Wilson		First Christian		MI	Contribution ID # 0020
Residential Street Address 375 Howard Ave		City Bridgeport		State CT	Zip Code 06605
Principal Occupation Custodian		Name of Employer City of Bridgeport			
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 # 05292026A	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/25/2026	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
Brown 2026	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Brelsford		First Deborah		MI J	Contribution ID # 0038
Residential Street Address 201 Bridgeview Pl		City Stratford		State CT	Zip Code 06614
Principal Occupation Executive Assistant		Name of Employer City of Bridgeport CT			
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 # 05292026A	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/26/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Nelson		First Doris		MI CT	Contribution ID # 0044
Residential Street Address 24A Stoneridge Rd		City Bridgeport		State CT	Zip Code 06606
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 # 05292026A	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/27/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Nelson		First Jalen		MI CT	Contribution ID # 0067
Residential Street Address 24A Stoneridge Rd		City Bridgeport		State CT	Zip Code 06606
Principal Occupation Sales		Name of Employer TMobile			
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 # 05292026A	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/27/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Bell		First Harry		MI CT	Contribution ID # 0061
Residential Street Address 2 Rockridge Cir		City Bridgeport		State CT	Zip Code 06606
Principal Occupation BOE Security		Name of Employer City of BPT			
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 # 05292026A	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/27/2026	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
Brown 2026	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Nelson		First Stephen		MI M	Contribution ID # 0171
Residential Street Address 24A Stoneridge Rd		City Bridgeport		State CT	Zip Code 06606
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 # <u>05292026A</u>	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/27/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Nelson		First Tiffany		MI	Contribution ID # 0184
Residential Street Address 24A Stoneridge Rd		City Bridgeport		State CT	Zip Code 06606
Principal Occupation Board of Education clerical		Name of Employer City of Bridgeport			
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 # <u>05292026A</u>	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/27/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Robinson		First Keisha		MI	Contribution ID # 0098
Residential Street Address 2 Rockridge Cir		City Bridgeport		State CT	Zip Code 06606
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 # <u>05292026A</u>	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/27/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Santiago		First Jose		MI J	Contribution ID # 0085
Residential Street Address 34B Yaremich Dr		City Bridgeport		State CT	Zip Code 06606
Principal Occupation Public Works		Name of Employer City of Bridgeport			
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 # <u>05292026A</u>	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/27/2026	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
Brown 2026	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Malone		First Nanette		MI	Contribution ID # 0142
Residential Street Address 274 Yaremich Dr		City Bridgeport		State CT	Zip Code 06606
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 # 05292026A	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/27/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Cline		First Joy		MI	Contribution ID # 0094
Residential Street Address 261 Grovers Ave		City Bridgeport		State CT	Zip Code 06605
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 # 05292026A	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/27/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Brown		First Ernest		MI	Contribution ID # 0052
Residential Street Address 39 Post St		City Bridgeport		State CT	Zip Code 06610
Principal Occupation President		Name of Employer Team Focus Ent			
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 # 05292026A	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/28/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Gutierrez		First Maritza		MI	Contribution ID # 0127
Residential Street Address 351 Hawley Ave		City Bridgeport		State CT	Zip Code 06606
Principal Occupation Administrative Assistant		Name of Employer City of Bridgeport			
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 # 05292026A	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/28/2026	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
Brown 2026	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Donaldson		First Don and Sharon		MI	Contribution ID # 0043
Residential Street Address 87 Rosalie Dr		City Bridgeport		State CT	Zip Code 06606
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 # <u>05292026A</u>	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/28/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Harrigan		First Grace		MI	Contribution ID # 0060
Residential Street Address 557 Atlantic St		City Bridgeport		State CT	Zip Code 06604
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 # <u>05292026A</u>	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/29/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Venson		First Jada		MI	Contribution ID # 0066
Residential Street Address 16 Ford St N		City Ansonia		State CT	Zip Code 06401
Principal Occupation E-Prep Coordinator		Name of Employer City of Bridgeport			
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 # <u>05292026A</u>	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/29/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Parisi		First Gabrielle		MI	Contribution ID # 0055
Residential Street Address 151 Astoria Ave		City Bridgeport		State CT	Zip Code 06604
Principal Occupation Accountant		Name of Employer City of Bridgeport			
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 # <u>05292026A</u>	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/29/2026	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
Brown 2026	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Ortiz		First Veronica		MI	Contribution ID # 0188
Residential Street Address 88 Raleigh Rd		City Bridgeport		State CT	Zip Code 06606
Principal Occupation Mayor's Aide		Name of Employer City of Bridgeport			
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 # <u>05292026A</u>	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/29/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Jackson		First Toshiera		MI N	Contribution ID # 0186
Residential Street Address 70 Lincoln Blvd		City Bridgeport		State CT	Zip Code 06606
Principal Occupation Director of MIRA		Name of Employer City of Bridgeport			
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 # <u>05292026A</u>	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/29/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Gecewicz		First Tom		MI	Contribution ID # 0185
Residential Street Address 3900 Park Ave		City Bridgeport		State CT	Zip Code 06606
Principal Occupation Program Manager		Name of Employer City of Bridgeport			
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 # <u>05292026A</u>	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/29/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Lyons		First Thomas		MI	Contribution ID # 0181
Residential Street Address 91 Jewett Ave		City Bridgeport		State CT	Zip Code 06606
Principal Occupation Sales		Name of Employer Hummel Bros			
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 # <u>05292026A</u>	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/29/2026	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
Brown 2026	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Jackson Coward		First Terri		MI	Contribution ID # 0178
Residential Street Address 73 Pine Ridge Rd		City Fairfield		State CT	Zip Code 06825
Principal Occupation City Treasurer		Name of Employer City of Bridgeport			
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 # <u>05292026A</u>	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/29/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Papa		First Tammy		MI L	Contribution ID # 0176
Residential Street Address 7 Acadia Ln		City Shelton		State CT	Zip Code 06484
Principal Occupation Clerical Asst		Name of Employer City of Bridgeport			
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 # <u>05292026A</u>	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/29/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Nelson		First Stephen		MI M	Contribution ID # 0169
Residential Street Address 24A Stoneridge Rd		City Bridgeport		State CT	Zip Code 06606
Principal Occupation Elected City Sheriff		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 # <u>05292026A</u>	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/29/2026	Aggregate Contributions \$55.00	\$50.00

Last Name Eaton		First Stephen		MI A	Contribution ID # 0168
Residential Street Address 331 Griffin Ave		City Bridgeport		State CT	Zip Code 06606
Principal Occupation Real Estate Developer		Name of Employer Stephen A. Eaton			
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 # <u>05292026A</u>	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/29/2026	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
Brown 2026	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name White		First Shawna		MI	Contribution ID # 0167
Residential Street Address 44 Crowther Ave		City Bridgeport		State CT	Zip Code 06605
Principal Occupation Public Information Officer		Name of Employer City of Bridgeport			
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 # 05292026A	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/29/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Marks		First Sam		MI	Contribution ID # 0163
Residential Street Address 2677 Main St		City Bridgeport		State CT	Zip Code 06606
Principal Occupation Maintainer		Name of Employer City of Bridgeport			
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 # 05292026A	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/29/2026	Aggregate Contributions \$30.00	\$30.00

Last Name DePara		First Angel		MI M	Contribution ID # 0010
Residential Street Address 332 Wells St Apt 104		City Bridgeport		State CT	Zip Code 06606
Principal Occupation Special Project Coordinator		Name of Employer City of Bridgeport			
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 # 05292026A	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/29/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Ortiz		First Katherine		MI D	Contribution ID # 0097
Residential Street Address 9 Elm Ct		City Bridgeport		State CT	Zip Code 06606
Principal Occupation Manager		Name of Employer City of Bridgeport- Social Services			
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 # 05292026A	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/29/2026	Aggregate Contributions \$20.00	\$20.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Carrara		First Debbie		MI L	Contribution ID # 0037
Residential Street Address 740 Clark St		City Bridgeport		State CT	Zip Code 06606
Principal Occupation Owner		Name of Employer Executive Office Services			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # <u>05292026A</u>		Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/29/2026	Aggregate Contributions \$50.00
				\$50.00	

Last Name Cotto		First Dawn		MI M	Contribution ID # 0036
Residential Street Address 72 Lincoln Ave		City Bridgeport		State CT	Zip Code 06606
Principal Occupation Analyst		Name of Employer United Healthcare			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # <u>05292026A</u>		Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/29/2026	Aggregate Contributions \$20.00
				\$20.00	

Last Name McInerney		First Dan		MI	Contribution ID # 0028
Residential Street Address 90 Canoe Brook Rd		City Trumbull		State CT	Zip Code 06611
Principal Occupation Business Manager		Name of Employer IBEW Local 488			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # <u>05292026A</u>		Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/29/2026	Aggregate Contributions \$50.00
				\$50.00	

Last Name Ortiz		First Jose		MI	Contribution ID # 0084
Residential Street Address 88 Raleigh Rd		City Bridgeport		State CT	Zip Code 06606
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		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 # <u>05292026A</u>		Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/29/2026	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
Brown 2026	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Cruz		First Jorge		MI	Contribution ID # 0083
Residential Street Address 249 Black Rock Ave		City Bridgeport		State CT	Zip Code 06605
Principal Occupation Recovery Support Specialist		Name of Employer Dept Mental Health Addiction Services			
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 # 05292026A	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/29/2026	Aggregate Contributions \$60.00	\$60.00

Last Name Carrara		First Benignio		MI	Contribution ID # 0017
Residential Street Address 740 Clark St		City Bridgeport		State CT	Zip Code 06606
Principal Occupation Owner		Name of Employer Executive Office Services			
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 # 05292026A	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/29/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Dorgan		First Johanna		MI T	Contribution ID # 0077
Residential Street Address 88 Lance Cir		City Bridgeport		State CT	Zip Code 06606
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 # 05292026A	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/29/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Gravina		First Ayden		MI	Contribution ID # 0015
Residential Street Address 31 Doreen Dr		City Bridgeport		State CT	Zip Code 06604
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 # 05292026A	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/29/2026	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
Brown 2026	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Cavalli		First Anthony		MI	Contribution ID # 0013
Residential Street Address 35 Primrose Dr		City Trumbull		State CT	Zip Code 06611
Principal Occupation Asst Business Manager		Name of Employer IBEW Local 488			
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 # <u>05292026A</u>	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/29/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Robinson		First Ann		MI V	Contribution ID # 0011
Residential Street Address 206 Garden Dr		City Bridgeport		State CT	Zip Code 06606
Principal Occupation Treasury Analyst		Name of Employer Frontier Communications			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # <u>05292026A</u>	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/29/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Sokolovic		First Jovonn		MI	Contribution ID # 0093
Residential Street Address 334 Burnsford Ave		City Bridgeport		State CT	Zip Code 06606
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 # <u>05292026A</u>	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/29/2026	Aggregate Contributions \$10.00	\$10.00

Last Name DeJesus		First Joseph		MI A	Contribution ID # 0089
Residential Street Address 91 Jewett Ave		City Bridgeport		State CT	Zip Code 06606
Principal Occupation Retail		Name of Employer Gerry Carpenter			
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 # <u>05292026A</u>	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/29/2026	Aggregate Contributions \$15.00	\$15.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Formato		First Joseph		MI	Contribution ID # 0088
Residential Street Address 460 Sky Top Dr		City Fairfield		State CT	Zip Code 06825
Principal Occupation Project Manager		Name of Employer City of Bridgeport			
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 # 05292026A	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/29/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Sokolovic		First Joseph		MI	Contribution ID # 0087
Residential Street Address 334 Burnsford Ave		City Bridgeport		State CT	Zip Code 06606
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 # 05292026A	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/29/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Santiago		First Jose		MI J	Contribution ID # 0086
Residential Street Address 24A Stoneridge Rd		City Bridgeport		State CT	Zip Code 06606
Principal Occupation Paraprofessional		Name of Employer BPT BOE`			
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 # 05292026A	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/29/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Hernandez		First Maria		MI	Contribution ID # 0122
Residential Street Address 201 Arctic St		City Bridgeport		State CT	Zip Code 06608
Principal Occupation Disabled		Name of Employer Disabled			
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 # 05292026A	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/29/2026	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
Brown 2026	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Valle		First Maria		MI I	Contribution ID # 0121
Residential Street Address 561 Brooks St		City Bridgeport		State CT	Zip Code 06608
Principal Occupation Site Coordinator		Name of Employer City of Bridgeport- Dept of Aging			
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 # 05292026A	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/29/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Jones		First Lyle		MI H	Contribution ID # 0119
Residential Street Address 89 Weber Ave		City Bridgeport		State CT	Zip Code 06610
Principal Occupation Chaplain		Name of Employer Dept of Corrections			
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 # 05292026A	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/29/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Martinez		First Lydia		MI N	Contribution ID # 0118
Residential Street Address 92 Grant St		City Bridgeport		State CT	Zip Code 06610
Principal Occupation City Clerk		Name of Employer City of Bridgeport			
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 # 05292026A	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/29/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Smith		First Nate		MI 	Contribution ID # 0144
Residential Street Address 323 Fairfield Ave		City Bridgeport		State CT	Zip Code 06604
Principal Occupation CEO		Name of Employer Braxton's Hospitality Group			
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 # 05292026A	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/29/2026	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
Brown 2026	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Gravina		First Natasha		MI	Contribution ID # 0143
Residential Street Address 31 Doreen Dr		City Bridgeport		State CT	Zip Code 06604
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 # <u>05292026A</u>		Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/29/2026	Aggregate Contributions \$5.00
Amount of Contribution \$5.00					

Last Name Fedick		First Lisa		MI A	Contribution ID # 0112
Residential Street Address 51 Bartling Dr		City Easton		State CT	Zip Code 06612
Principal Occupation President/Owner		Name of Employer Wonderland of Ice Associates, 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 # <u>05292026A</u>		Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/29/2026	Aggregate Contributions \$340.00
Amount of Contribution \$340.00					

Last Name Monks		First Kevin		MI	Contribution ID # 0101
Residential Street Address 200 Holland Rd		City Bridgeport		State CT	Zip Code 06610
Principal Occupation Painter		Name of Employer City of Bridgeport			
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 # <u>05292026A</u>		Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/29/2026	Aggregate Contributions \$5.00
Amount of Contribution \$5.00					

Last Name Perez		First Kelly		MI A	Contribution ID # 0099
Residential Street Address 76 Evers Pl		City Bridgeport		State CT	Zip Code 06610
Principal Occupation Specialist		Name of Employer City of Bridgeport			
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 # <u>05292026A</u>		Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/29/2026	Aggregate Contributions \$5.00
Amount of Contribution \$5.00					

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name DiSanto		First Liliana		MI M	Contribution ID # 0110
Residential Street Address 10 Powell Pl		City Bridgeport		State CT	Zip Code 06604
Principal Occupation Accounting Clerk		Name of Employer City of Bridgeport			
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 # 05292026A	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/29/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Mappa		First Lauren		MI M	Contribution ID # 0108
Residential Street Address 20 Aspen Wood Ln		City Fairfield		State CT	Zip Code 06825
Principal Occupation Engineer		Name of Employer City of Bridgeport			
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 # 05292026A	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/29/2026	Aggregate Contributions \$250.00	\$250.00

Last Name Miles		First Monquencelo		MI T	Contribution ID # 0140
Residential Street Address 94 Marcy Rd		City Bridgeport		State CT	Zip Code 06606
Principal Occupation Benefits Manager		Name of Employer City of Bridgeport			
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 # 05292026A	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/29/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Lyons		First Michelle		MI A	Contribution ID # 0139
Residential Street Address 91 Jewett Ave		City Bridgeport		State CT	Zip Code 06606
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 # 05292026A	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/29/2026	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
Brown 2026	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Van		First Michelle		MI	Contribution ID # 0137
Residential Street Address 2955 Madison Ave		City Bridgeport		State CT	Zip Code 06606
Principal Occupation Paraprofessional		Name of Employer Board of Education			
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 # <u>05292026A</u>	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/29/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Botillo		First Michael		MI	Contribution ID # 0135
Residential Street Address 254 Sampson St		City Bridgeport		State CT	Zip Code 06606
Principal Occupation Mailman		Name of Employer USPS			
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 # <u>05292026A</u>	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/29/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Wittingham		First Popeye		MI	Contribution ID # 0153
Residential Street Address 1564 Iranistan Ave		City Bridgeport		State CT	Zip Code 06604
Principal Occupation Justice of the Peace		Name of Employer US Army 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 # <u>05292026A</u>	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/29/2026	Aggregate Contributions \$101.00	\$101.00

Last Name Kleps		First Patrick		MI	Contribution ID # 0151
Residential Street Address 77 Bennett St		City Bridgeport		State CT	Zip Code 06704
Principal Occupation Zoning Enforcement Officer		Name of Employer City of Bridgeport			
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 # <u>05292026A</u>	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/29/2026	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
Brown 2026	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Rodriguez		First Nilda		MI D	Contribution ID # 0148
Residential Street Address 48 Amsterdam Ave		City Bridgeport		State CT	Zip Code 06606
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 # 05292026A	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/29/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Nkwo		First Nestor		MI N	Contribution ID # 0146
Residential Street Address 75 Eaton St		City Bridgeport		State CT	Zip Code 06604
Principal Occupation Accounting		Name of Employer City of Bridgeport-Board of Ed			
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 # 05292026A	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/29/2026	Aggregate Contributions \$100.00	\$100.00

Last Name LESKO		First SUZANNE		MI	Contribution ID # 0174
Residential Street Address 5 Pine Point Dr		City Bridgeport		State CT	Zip Code 06606
Principal Occupation Entitlement Specialist		Name of Employer State of Connecticut			
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 # 05292026A	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/29/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Brown		First Theresa		MI	Contribution ID # 0179
Residential Street Address 2 Southport Woods Rd		City Southport		State CT	Zip Code 06890
Principal Occupation Labor Relations Officer		Name of Employer City of Bridgeport			
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 # 05292026A	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/29/2026	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
Brown 2026	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name McCloat		First Meghan		MI	Contribution ID # 0134
Residential Street Address 2815 Redding Rd		City Fairfield		State CT	Zip Code 06612
Principal Occupation Deputy Director of Labor Relations		Name of Employer City of Bridgeport			
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 # <u>05292026A</u>	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/29/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Cronin		First linda		MI	Contribution ID # 0111
Residential Street Address 62 Burr St		City Easton		State CT	Zip Code 06612
Principal Occupation attorney		Name of Employer Cronin & Byczek 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 # <u>05292026A</u>	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/29/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Wood		First Adam		MI	Contribution ID # 0001
Residential Street Address 260 France St		City Rocky Hill		State CT	Zip Code 06067
Principal Occupation Public Affairs		Name of Employer City & State Ltd			
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 # <u>05292026A</u>	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/29/2026	Aggregate Contributions \$100.00	\$100.00

Last Name McCarthy		First Matthew		MI	Contribution ID # 0133
Residential Street Address 29 Harbor Ave 29 Harbor Ave		City Bridgeport		State CT	Zip Code 06605
Principal Occupation CPA		Name of Employer Matthew J McCarthy CPA			
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 # <u>05292026A</u>	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/29/2026	Aggregate Contributions \$340.00	\$340.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Zamora		First Elizabeth		MI P	Contribution ID # 0048
Residential Street Address 812 Pacific St		City Stamford		State CT	Zip Code 06902
Principal Occupation Executive Assistant		Name of Employer City of Bridgeport			
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 # <u>05292026A</u>	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/29/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Smith		First Nessah		MI J	Contribution ID # 0145
Residential Street Address 500 Evers St		City Bridgeport		State CT	Zip Code 06610
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 # <u>05292026A</u>	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/29/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Medina		First Keyla		MI D	Contribution ID # 0105
Residential Street Address 64 Court A		City Bridgeport		State CT	Zip Code 06610
Principal Occupation Operations Director		Name of Employer Building One Community			
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 # <u>05292026A</u>	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/29/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Amado		First Eric		MI M	Contribution ID # 0050
Residential Street Address 742 Hancock Ave		City Bridgeport		State CT	Zip Code 06605
Principal Occupation Human Resources		Name of Employer City of Bridgeport			
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 # <u>05292026A</u>	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/29/2026	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
Brown 2026	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Holt		First Kevin		MI C	Contribution ID # 0104
Residential Street Address 177 State St Ste 501		City Bridgeport		State CT	Zip Code 06604
Principal Occupation Professor		Name of Employer Stony Brook 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 # <u>05292026A</u>	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/29/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Cann		First Dr. Immacula		MI	Contribution ID # 0045
Residential Street Address 234 Klondike St		City Stratford		State CT	Zip Code 06614
Principal Occupation RN		Name of Employer Silver Hill 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 # <u>05292026A</u>	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/29/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Mazo		First Cristian		MI A	Contribution ID # 0025
Residential Street Address 78 Vine St		City Bridgeport		State CT	Zip Code 06604
Principal Occupation HVAC technician		Name of Employer City of Bridgeport			
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 # <u>05292026A</u>	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/29/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Mobilio		First Vincent		MI	Contribution ID # 0189
Residential Street Address 1920 Madison Ave		City Bridgeport		State CT	Zip Code 06606
Principal Occupation Project Manager		Name of Employer City of Bridgeport			
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 # <u>05292026A</u>	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/29/2026	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
Brown 2026	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Martinez		First Eneida		MI	Contribution ID # 0049
Residential Street Address 819 Connecticut Ave 819 Connecticut Ave		City Bridgeport		State CT	Zip Code 06607
Principal Occupation JP		Name of Employer Self employed			
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 # 05292026A	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/29/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Stone		First Geoffrey		MI	Contribution ID # 0057
Residential Street Address 115 Eaton St		City Bridgeport		State CT	Zip Code 06604
Principal Occupation Supervisor		Name of Employer City of Bridgeport			
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 # 05292026A	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/29/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Cruz		First Adianez		MI	Contribution ID # 0002
Residential Street Address 8 Root Ave # 2FLR 8root Ave 2FLR		City Ansonia		State CT	Zip Code 06401
Principal Occupation Administrative		Name of Employer City of Bridgeport			
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 # 05292026A	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/29/2026	Aggregate Contributions \$5.00	\$5.00

Last Name McCarthy Vahey		First Cristin		MI	Contribution ID # 0026
Residential Street Address 1625 Melville Ave		City Fairfield		State CT	Zip Code 06825
Principal Occupation State Representative		Name of Employer State of CT			
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 # 05292026A	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/29/2026	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
Brown 2026	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Ganim		First Paul		MI J	Contribution ID # 0152
Residential Street Address 7 Battery Park Dr		City Bridgeport		State CT	Zip Code 06605
Principal Occupation Atty		Name of Employer Ganim Legal			
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 # 05292026A	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/29/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Bel Jameson		First Sarah		MI 	Contribution ID # 0165
Residential Street Address 225 Brooklawn Ave		City Bridgeport		State CT	Zip Code 06604
Principal Occupation Director		Name of Employer Santander Bank, 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 # 05292026A	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/29/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Velazquez		First Carmen		MI 	Contribution ID # 0019
Residential Street Address 281 Quarry St		City Bridgeport		State CT	Zip Code 06606
Principal Occupation Secretary		Name of Employer City of Bridgeport			
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 # 05292026A	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/29/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Ramos		First Maritza		MI 	Contribution ID # 0128
Residential Street Address 3200 Park Ave		City Bridgeport		State CT	Zip Code 06606
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 # 05292026A	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/29/2026	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
Brown 2026	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Colon		First Dana		MI L	Contribution ID # 0029
Residential Street Address 301 Ogden St		City Bridgeport		State CT	Zip Code 06608
Principal Occupation Executive manager mayors office		Name of Employer City of Bridgeport			
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 # <u>05292026A</u>	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/29/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Burgos		First Luis		MI	Contribution ID # 0117
Residential Street Address 75 Woodridge Cir		City Trumbull		State CT	Zip Code 06611
Principal Occupation Director of Public Facilities		Name of Employer City of Bridgeport			
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 # <u>05292026A</u>	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/29/2026	Aggregate Contributions \$200.00	\$200.00

Last Name Davis		First Gemeem		MI	Contribution ID # 0056
Residential Street Address 33 Cottage Pl		City Bridgeport		State CT	Zip Code 06604
Principal Occupation Co-Director		Name of Employer Bridgeport Generation Now			
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 # <u>05292026A</u>	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/29/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Ortiz		First Richard		MI	Contribution ID # 0157
Residential Street Address 9 Elm Ct		City Bridgeport		State CT	Zip Code 06606
Principal Occupation Shop forman		Name of Employer Dod			
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 # <u>05292026A</u>	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/29/2026	Aggregate Contributions \$340.00	\$340.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Denton		First Curtis		MI	Contribution ID # 0027
Residential Street Address 955 Main St # 808		City Bridgeport		State CT	Zip Code 06604
Principal Occupation ITS Director		Name of Employer City of Bridgeport			
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 # <u>05292026A</u>	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/29/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Akhdar		First Rafiqah		MI	Contribution ID # 0154
Residential Street Address 47 Park St		City Bridgeport		State CT	Zip Code 06608
Principal Occupation Press Secretary		Name of Employer City of Bridgeport			
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 # <u>05292026A</u>	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/29/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Alvarez		First Kevin		MI	Contribution ID # 0103
Residential Street Address 98 Clinton Ave		City New Haven		State CT	Zip Code 06513
Principal Occupation Deputy CoS		Name of Employer State of CT OTT			
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 # <u>05292026A</u>	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/29/2026	Aggregate Contributions \$50.00	\$25.00

Last Name Abdullah		First Aishah		MI	Contribution ID # 0003
Residential Street Address 47 Park St		City Bridgeport		State CT	Zip Code 06608
Principal Occupation Accountant		Name of Employer State of Connecticut			
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 # <u>05292026A</u>	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/29/2026	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
Brown 2026	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Valencia		First Gloria		MI	Contribution ID # 0059
Residential Street Address 553 Maple St		City Bridgeport		State CT	Zip Code 06606
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 # <u>05292026A</u>	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/29/2026	Aggregate Contributions \$5.00	\$5.00

Last Name DiCola		First Alfred		MI	Contribution ID # 0006
Residential Street Address 225 Golden Hill St # 4C		City Bridgeport		State CT	Zip Code 06604
Principal Occupation Executive Director		Name of Employer Our Trans Life			
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 # <u>05292026A</u>	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/29/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Traber		First Robert		MI J	Contribution ID # 0159
Residential Street Address 110 Hale Ter		City Bridgeport		State CT	Zip Code 06610
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 # <u>05292026A</u>	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/29/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Ferguson		First John		MI	Contribution ID # 0081
Residential Street Address 144 Glenwood Ave		City Bridgeport		State CT	Zip Code 06610
Principal Occupation Manager		Name of Employer Wonderland of Ice			
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 # <u>05292026A</u>	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/29/2026	Aggregate Contributions \$340.00	\$340.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Fitzpatrick		First John		MI	Contribution ID # 0082
Residential Street Address 263 Ellsworth St Apt 2B		City Bridgeport		State CT	Zip Code 06605
Principal Occupation Music Teacher		Name of Employer John Fitzpatrick Voice and Guitar			
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 # <u>05292026A</u>	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/29/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Bonill		First Dianalys		MI	Contribution ID # 0041
Residential Street Address 201 High Ridge Dr		City Bridgeport		State CT	Zip Code 06606
Principal Occupation City Planner		Name of Employer City of Bridgeport			
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 # <u>05292026A</u>	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/29/2026	Aggregate Contributions \$5.00	\$5.00

Last Name McLaughlin		First Kim		MI	Contribution ID # 0106
Residential Street Address 110 Hale Ter		City Bridgeport		State CT	Zip Code 06610
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 # <u>05292026A</u>	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/29/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Ortiz		First Nikashannel		MI	Contribution ID # 0147
Residential Street Address 1188 Main St Apt 104		City Bridgeport		State CT	Zip Code 06604
Principal Occupation Assistant store manager		Name of Employer Altard state			
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 # <u>05292026A</u>	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/29/2026	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
Brown 2026	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Arias-Elizondo		First Yogebeth		MI	Contribution ID # 0192
Residential Street Address 56 Chalmers Ave		City Bridgeport		State CT	Zip Code 06604
Principal Occupation Office manager		Name of Employer Salerno Wellness			
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 # <u>05292026A</u>	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/29/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Haynes		First Ayo		MI	Contribution ID # 0016
Residential Street Address 10 Patricia Rd Unit A		City Bridgeport		State CT	Zip Code 06606
Principal Occupation Realtor		Name of Employer Haynes Realty Group			
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 # <u>05292026A</u>	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/30/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Medeiros		First Lucas		MI	Contribution ID # 0115
Residential Street Address 955 Main St Unit 904		City Bridgeport		State CT	Zip Code 06604
Principal Occupation Project Manager		Name of Employer Woodland 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 # <u>05292026A</u>	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/30/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Elizondo		First Ana		MI	Contribution ID # 0009
Residential Street Address 178 Jackson Ave		City Bridgeport		State CT	Zip Code 06606
Principal Occupation Cleaner		Name of Employer Ana 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 # <u>05292026A</u>	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/30/2026	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
Brown 2026	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Skyers		First Eroll		MI	Contribution ID # 0053
Residential Street Address 1 Crozier Court 1 Crozier Ct		City Oxford		State CT	Zip Code 06478
Principal Occupation Labor Relations		Name of Employer City of Bridgeport			
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 # 05292026A	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/30/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Curtis		First Sharmaine		MI	Contribution ID # 0166
Residential Street Address 151 Wessels Ave		City Bridgeport		State CT	Zip Code 06610
Principal Occupation Practice manager		Name of Employer Dr Annette Hoo			
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 # 05292026A	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/31/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Brown		First James		MI	Contribution ID # 0068
Residential Street Address 151 Wessels Ave		City Bridgeport		State CT	Zip Code 06610
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/31/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Roman		First Maria		MI T	Contribution ID # 0124
Residential Street Address 164B Yaremich Dr		City Bridgeport		State CT	Zip Code 06606
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 06/01/2026	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
Brown 2026	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Mitchell		First Waith		MI	Contribution ID # 0191
Residential Street Address 216 Ortega Ave		City Bridgeport		State CT	Zip Code 06606
Principal Occupation Cook		Name of Employer BOE			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/02/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Lauture		First Alissa		MI	Contribution ID # 0007
Residential Street Address 2 Rockridge Cir		City Bridgeport		State CT	Zip Code 06606
Principal Occupation Retail		Name of Employer Hollister			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/02/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Di luca		First Sylvia		MI	Contribution ID # 0175
Residential Street Address 1415 Wood Ave		City Bridgeport		State CT	Zip Code 06604
Principal Occupation Secretary		Name of Employer City of Bridgeport			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/02/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Guzman		First Ricardo		MI	Contribution ID # 0156
Residential Street Address 56 Chalmers Ave		City Bridgeport		State CT	Zip Code 06604
Principal Occupation Fire Fighter		Name of Employer Bridgeport Fire Department			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/04/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Ordonez		First Laura		MI	Contribution ID # 0107
Residential Street Address 3650 Old Town Rd		City Bridgeport		State CT	Zip Code 06606
Principal Occupation Registered Nurse		Name of Employer Bridgeport 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 06/04/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Ordonez		First Reinhard		MI	Contribution ID # 0155
Residential Street Address 3650 Old Town Rd		City Bridgeport		State CT	Zip Code 06606
Principal Occupation Realtor		Name of Employer ERealty			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/04/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Acuna		First Noah		MI J	Contribution ID # 0149
Residential Street Address 178 Jackson Ave		City Bridgeport		State CT	Zip Code 06606
Principal Occupation Student		Name of Employer Target			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/04/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Thomas		First Paschus		MI	Contribution ID # 0150
Residential Street Address 2 Van Ave		City Naugatuck		State CT	Zip Code 06770
Principal Occupation Party Supply store		Name of Employer PT Party Supplies			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/04/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Harrigan		First Theresa		MI M	Contribution ID # 0180
Residential Street Address 12 Toll Gate Rd		City Monroe		State CT	Zip Code 06468
Principal Occupation Customer Service Manager		Name of Employer Stop And Shop Supermarket			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/05/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Harrigan		First Erica		MI	Contribution ID # 0051
Residential Street Address 7 Hadley St		City Bridgeport		State CT	Zip Code 06604
Principal Occupation Receptionist		Name of Employer Brush and floss			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/08/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Randolph		First Kadesiah		MI	Contribution ID # 0095
Residential Street Address 2 Rockridge Cir		City Bridgeport		State CT	Zip Code 06606
Principal Occupation Bus Driver		Name of Employer BPT Transit			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/10/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Brown		First John		MI	Contribution ID # 0078
Residential Street Address 50 Rock Ridge Cir		City Bridgeport		State CT	Zip Code 06606
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 06/12/2026	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
Brown 2026	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Christy		First Rosalina		MI	Contribution ID # 0160
Residential Street Address 147 Yaremich Dr		City Bridgeport		State CT	Zip Code 06606
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 06/12/2026	Aggregate Contributions \$5.00	\$5.00

Last Name McGee		First Myrtle		MI	Contribution ID # 0141
Residential Street Address 191 Laurel Ave		City Bridgeport		State CT	Zip Code 06605
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 06/13/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Bohannon		First Gina		MI L	Contribution ID # 0058
Residential Street Address 93A Yaremich Dr		City Bridgeport		State CT	Zip Code 06606
Principal Occupation BOE crossing guard		Name of Employer City of Bridgeport			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/13/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Coleman		First Marshan		MI	Contribution ID # 0131
Residential Street Address 180A Yaremich Dr		City Bridgeport		State CT	Zip Code 06606
Principal Occupation Owner		Name of Employer Premier Construction			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/13/2026	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
Brown 2026	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Bohannon		First Devin		MI	Contribution ID # 0039
Residential Street Address 93A Yaremich Dr		City Bridgeport		State CT	Zip Code 06606
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 06/13/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Borbon-Herlihy		First Jacqueline		MI	Contribution ID # 0065
Residential Street Address 1560 Laurel Ave		City Bridgeport		State CT	Zip Code 06604
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 06/15/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Herlihy		First Robert		MI	Contribution ID # 0158
Residential Street Address 1560 Laurel Ave		City Bridgeport		State CT	Zip Code 06604
Principal Occupation Chef		Name of Employer Palmer's Market			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/15/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Ganim		First Joseph		MI	Contribution ID # 0090
Residential Street Address 350 Grovers Ave		City Bridgeport		State CT	Zip Code 06605
Principal Occupation Mayor		Name of Employer City of Bridgeport			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/22/2026	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
Brown 2026	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Rodriguez		First Marilyn		MI	Contribution ID # 0126
Residential Street Address 434 Thorme St		City Bridgeport		State CT	Zip Code 06606
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 06/30/2026	Aggregate Contributions \$5.00	\$5.00

Last Name McConoughey		First Teresa		MI	Contribution ID # 0177
Residential Street Address 76 Lance Cir		City Bridgeport		State CT	Zip Code 06606
Principal Occupation Office manager		Name of Employer Teresa McConoughey			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Alvarez		First Eliana		MI	Contribution ID # 0047
Residential Street Address 144 Main St Apt 10		City Norwalk		State CT	Zip Code 06851
Principal Occupation FCAM		Name of Employer BOA			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$5.00	\$5.00

Last Name McCarthy		First Thomas		MI	Contribution ID # 0183
Residential Street Address 130 E Eaton St .		City Bridgeport		State CT	Zip Code 06604
Principal Occupation Director of HR		Name of Employer Town of Trumbull			
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 # <u>05292026A</u>	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	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
Brown 2026	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Rosario		First Joel		MI	Contribution ID # 0076
Residential Street Address 44 Clark St		City Bridgeport		State CT	Zip Code 06606
Principal Occupation Personnel Administrator		Name of Employer City of Bridgeport			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Zwierlein		First Sally		MI	Contribution ID # 0162
Residential Street Address 110 Robin Street 110 Robin St		City Bridgeport		State CT	Zip Code 06606
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 06/30/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Ortiz		First Samuel		MI E	Contribution ID # 0164
Residential Street Address 1705 Capitol Ave		City Bridgeport		State CT	Zip Code 06604
Principal Occupation Mail courier		Name of Employer City of Bridgeport			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Romans		First Susan		MI E	Contribution ID # 0173
Residential Street Address 3030 Park Ave # 9W9		City Bridgeport		State CT	Zip Code 06604
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 06/30/2026	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
Brown 2026	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Ferrantelli		First Alexa		MI	Contribution ID # 0005
Residential Street Address 65 Ellsworth St 65 Ellsworth St Unit 310		City Bridgeport		State CT	Zip Code 06605
Principal Occupation Attorney		Name of Employer Ganim Legal PC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Herron		First Jeanette		MI	Contribution ID # 0071
Residential Street Address 202 Arlington St Apt 1 APT 1		City Bridgeport		State CT	Zip Code 06606
Principal Occupation Community Liaison		Name of Employer Bridgeport Board of E			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Bradley		First Mark		MI	Contribution ID # 0130
Residential Street Address 528 Clinton Ave		City Bridgeport		State CT	Zip Code 06604
Principal Occupation Attorney		Name of Employer Bradley Law Group			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Coombs		First Jason		MI	Contribution ID # 0069
Residential Street Address 107 Grey Rock Rd		City Bridgeport		State CT	Zip Code 06606
Principal Occupation Program Manager		Name of Employer Northeastern 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 06/30/2026	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
Brown 2026	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Gee		First Fred		MI	Contribution ID # 0054
Residential Street Address 185 Hillcrest Rd		City Bridgeport		State CT	Zip Code 06606
Principal Occupation Deputy CAO		Name of Employer City of Bridgeport			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Harrigan		First Margaret		MI L	Contribution ID # 0120
Residential Street Address 151 Wessels Ave # 151 151		City Bridgeport		State CT	Zip Code 06610
Principal Occupation Team leader		Name of Employer Margaret Harrigan			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Estremera Jimenez		First Maritza		MI	Contribution ID # 0129
Residential Street Address 130 Lakeside Dr		City Bridgeport		State CT	Zip Code 06606
Principal Occupation Interconnections Manager		Name of Employer UI			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Brown		First Christine		MI	Contribution ID # 0021
Residential Street Address 1108 Iranistan Ave		City Bridgeport		State CT	Zip Code 06605
Principal Occupation Unemployment		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 06/30/2026	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
Brown 2026	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Obot		First Ini		MI	Contribution ID # 0064
Residential Street Address 448 Queen St		City Bridgeport		State CT	Zip Code 06606
Principal Occupation Educator			Name of Employer NYCPS		
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 06/30/2026	
				Aggregate Contributions \$5.00	

Total of Section B		\$8,661.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Total on Line 14, Column A of Summary Page)		\$8,661.00

I. MONETARY RECEIPTS (Section A-I)

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

C1. Contributions from Other Committees

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

Total of Section C1	
----------------------------	--

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Brown 2026				July 10 Filing - Original	
C2. Reimbursements or Surplus Distributions from other Committees					
Name of Committee			Name of Treasurer		
Address				Date Received	Amount of Receipt
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	
Brown 2026				July 10 Filing - Original	
D. Loans Received this Period					
Name of Lender		Source of Loan:			Date of Receipt
		Bank	Candidate	Individual	Other
Street Address		City	State	Zip Code	Is there a cosigner or Guarantor of this loan?
					Yes No
Name of Cosigner/Guarantor (if applicable)					Amount Received
Street Address		City	Stat	Zip Code	
Total of Section D					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE

TYPE OF REPORT

Brown 2026

July 10 Filing - Original

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

Date of Receipt

Method of Payment

Cash

Personal Check

Credit/Debit Card

Amount

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

NAME OF COMMITTEE

TYPE OF REPORT

Brown 2026

July 10 Filing - Original

G. Interest from Deposits in Authorized Accounts

Name of Institution

Date Received

Amount

Street Address

City

State

Zip Code

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

NAME OF COMMITTEE

TYPE OF REPORT

Brown 2026

July 10 Filing - Original

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

Purpose of Grant:

Initial

Grant Adjustment

Supplemental/Post Election Deficit

Grant Cycle:

Primary

General Election

Special Election

Date Received

Amount

Total of Section H

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Brown 2026				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	
Brown 2026				July 10 Filing - Original	
J1. Event Information					
Event # Date of Event 05/29/2026	Letter A	Description BBQ Event			Was this a fundraising event? ☒ Yes ☐ No
Location: Street Address 1705 Capitol Ave			City Bridgeport	State CT	Zip Code 06604
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

Brown 2026

July 10 Filing - Original

J3. In-Kind Donations Not Considered Contributions

Name of the Donor

Street Address

City

State

Zip Code

Donation Given by:

Description of Donation

Fair Market Value of
Donation

Individual

Business Entity

Sole Proprietorship

Date Received

Event #

Aggregate value for this event

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

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

TYPE OF REPORT

Brown 2026

July 10 Filing - Original

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

Name of Host

Is this event supporting more than one candidate?

Yes

No

If yes, complete Itemization in
Addendum J4

Street Address

City

State

Zip Code

Description of Donation

Fair Market Value of
Donation

Event #

Aggregate value of this Event - all hosts

Aggregate value of all Events - this host/candidate

Total of Section J4

III. NONMONETARY RECEIPTS (Sections K - L)

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

TYPE OF REPORT

Brown 2026

July 10 Filing - Original

K. In-Kind Contributions

Name

Street Address

City

State

Zip Code

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

Yes

No

Description of In-Kind Contribution

If yes, list Event#

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

Yes

No

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

Yes

No

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

Executive

Legislative

Fair Market Value of this Contribution

Type of Contributor:

Individual

Committee

Sole Proprietorship

Date Received

Aggregate contributions

Total of Section K**III. Non Monetary Receipts (Sections K - L)**

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

TYPE OF REPORT

Brown 2026

July 10 Filing - Original

L. Refundable Deposit to Telephone Company

Last Name of Individual

First Name

MI

Date Deposit Made

Residential Street Address

City

State

Zip Code

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
Brown 2026	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Day Campaign		Date of Payment 05/11/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 112 Bloomfield Ave		City Windsor	State CT Zip Code 06095
Purpose of Expendit OVHD	Description Administrative fee/Donation Portal Setup		Amount \$200.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee MitchCo Party Rentals, LLC		Date of Payment 05/11/2026	Method of Payment ☒ Check # <u>1004</u> ☐ Debit Card ☐ EFT
Street Address 3129 Main		City Stratford	State CT Zip Code 06614
Purpose of Expendit FNDR *	Description Tables, Chairs, Tablecloths for Fundraiser		Amount \$784.44
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 # 05292026A	

Name of Payee Vazzy's Canteen		Date of Payment 06/16/2026	Method of Payment ☒ Check # <u>1001</u> ☐ Debit Card ☐ EFT
Street Address 337 Kenyon St		City Stratford	State CT Zip Code 06614
Purpose of Expendit FNDR *	Description Food for Fundraiser		Amount \$3,060.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event # 05292026A	

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee Angelo's Wine and Spirits		Date of Payment 06/17/2026	Method of Payment ☒ Check # <u>1003</u> ☐ Debit Card ☐ EFT	
Street Address 1044 Brooklawn Ave		City Bridgeport		State CT
Zip Code 06604				
Purpose of Expendit FNDR *	Description Drinks for Fundraiser			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 # 05292026A	\$1,473.17

Name of Payee Thomas Gaudett		Date of Payment 06/17/2026	Method of Payment ☒ Check # <u>1005</u> ☐ Debit Card ☐ EFT	
Street Address 1705 Capitol Ave		City Bridgeport		State CT
Zip Code 06604				
Purpose of Expendit RMB	Description Reimbursement for Fundraiser Expenses			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 # 05292026A	\$221.24

Name of Payee Day Campaign		Date of Payment 06/30/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 112 Bloomfield Ave		City Windsor		State CT
Zip Code 06095				
Purpose of Expendit BNK	Description 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 #	\$286.60

Total of Section N**\$6,025.45**

IV. EXPENDITURES (Sections N - S)

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

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Brown 2026				July 10 Filing - Original	
P. Expenses Incurred on Committee Credit Card					
Name of Issuing Institution			Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☐ Other		
Name of Vendor				Date of Transaction	
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description				Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Yes No	Expenditure # (if applicable)	Event #	
If yes, assign an Expenditure # and complete Itemization in Addendum P					
Total of Section P					

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Brown 2026				July 10 Filing - Original	
Q. Expenses Incurred By Committee but Not Paid During this Period					
Name of Creditor				Date Incurred	
Street Address			City	State	Zip Code
Purpose of Expenditure (by code)	Description				Amount Incurred (Estimate or Actual)
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No If yes, assign an Expenditure # and completes Itemization in Addendum Q				Expenditure # (if applicable)	
Total of Section Q					

IV. EXPENDITURES (Sections N - S)

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

TYPE OF REPORT

Brown 2026

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:

Check #

Debit Card

EFT

Name of Vendor Paid by Committee Worker/Consultant

Street Address of Vendor

City

State

Zip Code

Purpose of Expenditure
(by code)

Description

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

Total of Section R**IV. EXPENDITURES (Sectuibs N - S)**

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

TYPE OF REPORT

Brown 2026

July 10 Filing - Original

S. Surplus Distribution of Equipment and Furniture

Name of Recipient

Street Address

City

State

Zip Code

Original Purchase
Amount of Item

Description of Item

Total of Section S

Section J4. ADDENDUM

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

Section N. ADDENDUM

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

Section P. ADDENDUM

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

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

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