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

COVER PAGE

1.NAME OF COMMITTEE	2. TYPE OF COMMITTEE
Defending Connecticut Values	[x] Candidate Committee [ ] Exploratory Committee

3. TREASURER NAME

First	MI	Last	Suffix
Michael	**A**	**Stebe**	

4. TREASURER ADDRESS

Street Address	City	State	Zip Code
85 Hollister St	**Manchester**	**CT**	**06042-3561**

5. ELECTION DATE	6. OFFICE SOUGHT *(Complete only if Candidate Committee)*	7. DISTRICT NUMBER *(if applicable)*
11/03/2026	**State Representative**	**R055**

8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)

First	MI	Last	Suffix
Ellen		**Paul**	

9. TYPE OF REPORT

July 10 Filing - Original

10. PERIOD COVERED

Beginning Date		Ending Date
04/27/2026	thru	**06/30/2026**

11. CERTIFICATION

[x] 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	**Michael Stebe**	**07/10/2026 6:59:03PM**
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	
Defending Connecticut Values	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	**$7,153.00**	
14. Contributions received from Individuals (Section A and B)	**$0.00**	**$7,573.00**
15. Receipts from Other Committees (Sections C1 and C2)	**$0.00**	**$0.00**
16. Other Monetary Receipts (Section D through I)	**$15,432.24**	**$15,432.26**
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	**$0.00**	**$0.00**
18. Total Monetary Receipts (add totals for lines 14 through 17)	**$15,432.24**	**$23,005.26**
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	**$22,585.24**	**$23,005.26**
20. Expenses Paid by Committee (Section N)	**$9,075.01**	**$9,495.03**
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns)	**$13,510.23**	**$13,510.23**
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
Defending Connecticut Values	July 10 Filing - Original

A. Total Contributions from Small Contributors-Received this Period ONLY — For Nonparticipating Candidates ONLY

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #

Residential Street Address	City	State	Zip Code

Principal Occupation	Name of Employer

Is contributor a principal of a state contractor or prospective state contractor? Yes No If yes, indicate which branch or branches of government the contract is with: Executive Legislative	Is contributor a lobbyist, spouse, or dependent child of 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	Aggregate Contributions

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

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Defending Connecticut Values	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 If yes, list Event #	Amount of Contribution

City	State	Zip Code	Date Received	Aggregate Contributions

Total of Section C1	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Defending Connecticut Values	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
Defending Connecticut Values	July 10 Filing - Original

D. Loans Received this Period

Name of Lender		Source of Loan: Bank Candidate Individual Other			Date of Receipt
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
Defending Connecticut Values	July 10 Filing - Original

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

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

I. Monetary Receipts (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Defending Connecticut Values	July 10 Filing - Original

G. Interest from Deposits in Authorized Accounts

Name of Institution	Date Received	Amount
NEFCU	04/30/2026	

Street Address	City	State	Zip Code	
233 Main St	Manchester	CT	06040	$0.50

Name of Institution	Date Received	Amount
NEFCU	05/31/2026	

Street Address	City	State	Zip Code	
233 Main St	Manchester	CT	06040	$0.61

Name of Institution	Date Received	Amount
NEFCU	06/30/2026	

Street Address	City	State	Zip Code	
233 Main St	Manchester	CT	06040	$1.13

Total of Section G	**$2.24**

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Defending Connecticut Values	July 10 Filing - Original

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

Purpose of Grant:	Grant Cycle:	Date Received	Amount
[X] Initial [ ] Grant Adjustment [ ] Supplemental/Post Election Deficit	[ ] Primary [X] General Election [ ] Special Election	06/16/2026	$15,430.00
	Total of Section H		**$15,430.00**

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Defending Connecticut Values	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
Defending Connecticut Values	July 10 Filing - Original

J1. Event Information

Event # / Date of Event / Letter	Description	Was this a fundraising event? Yes / No

Location: Street Address	City	State	Zip Code

Was this event hosted at a personal residence?	Yes / No	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any puchases 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.)

Total of Section J1	

II.EVENT ACTIVITY (Sections J1 - J4)

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

J3. In-Kind Donations Not Considered Contributions

Name of the Donor			
Street Address	City	State	Zip Code

Donation Given by: Individual / Business Entity / Sole Proprietorship	Description of Donation			Fair Market Value of Donation
	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
Defending Connecticut Values	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
Defending Connecticut Values	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 If yes, list Event#	Description of In-Kind Contribution		
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
Defending Connecticut Values	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
Defending Connecticut Values	July 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Citizens Election Fund	05/28/2026	[X] Check # 1002 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
55 Farmington Ave	Hartford	CT	06105

Purpose of Expendit	Description	Amount
CEF		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$453.00

Name of Payee	Date of Payment	Method of Payment
Citizens Election Fund	06/09/2026	[X] Check # 1003 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
55 Farmington Ave	Hartford	CT	06105

Purpose of Expendit	Description	Amount
CEF		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$390.00

Name of Payee	Date of Payment	Method of Payment
Blue Edge Strategies	06/30/2026	[X] Check # 1017 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
54 Robert Rd	Manchester	CT	06040

Purpose of Expendit	Description	Amount
CNSLT	inv 9206 Online ad	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$500.00

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Blue Edge Strategies	06/30/2026	[X] Check # 1016 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
54 Robert Rd	Manchester	CT	06040

Purpose of Expendit	Description	Amount
CNSLT	inv 9127 June	$600.00

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
Blue Edge Strategies	06/30/2026	[X] Check # 1015 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
54 Robert Rd	Manchester	CT	06040

Purpose of Expendit	Description	Amount
CNSLT	inv 9126 FB	$25.00

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
Blue Edge Strategies	06/30/2026	[X] Check # 1014 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
54 Robert Rd	Manchester	CT	06040

Purpose of Expendit	Description	Amount
CNSLT	inv 9099 mms validation	$250.00

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N		

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Blue Edge Strategies	06/30/2026	[X] Check # 1013 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
54 Robert Rd	Manchester	CT	06040

Purpose of Expendit	Description	Amount
CNSLT	inv 9098 texting	$360.95

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
Blue Edge Strategies	06/30/2026	[X] Check # 1012 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
54 Robert Rd	Manchester	CT	06040

Purpose of Expendit	Description	Amount
CNSLT	inv 9075 may	$600.00

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
Blue Edge Strategies	06/30/2026	[X] Check # 1011 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
54 Robert Rd	Manchester	CT	06040

Purpose of Expendit	Description	Amount
CNSLT	inv 9074 fb ads	$50.00

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N		

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Blue Edge Strategies	06/30/2026	[X] Check # 1010 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
54 Robert Rd	Manchester	CT	06040

Purpose of Expendit	Description	Amount
CNSLT	inv 9073 fb ads	$250.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Blue Edge Strategies	06/30/2026	[X] Check # 1009 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
54 Robert Rd	Manchester	CT	06040

Purpose of Expendit	Description	Amount
CNSLT	inv 9072 post cards	$638.10

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Blue Edge Strategies	06/30/2026	[X] Check # 1008 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
54 Robert Rd	Manchester	CT	06040

Purpose of Expendit	Description	Amount
CNSLT	inv 9039 May	$600.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Blue Edge Strategies	06/30/2026	[X] Check # 1007 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
54 Robert Rd	Manchester	CT	06040

Purpose of Expendit	Description	Amount
CNSLT	inv 9038 walkcard print	$2,632.16

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
Michael Farina	06/30/2026	[X] Check # 1006 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
54 Robert Rd	Manchester	CT	06040

Purpose of Expendit	Description	Amount
RMB	reimb webhost vendor	$331.80

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
Blue Edge Strategies	06/30/2026	[X] Check # 1005 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
54 Robert Rd	Manchester	CT	06040

Purpose of Expendit	Description	Amount
CNSLT	inv 9006 anedot set up	$150.00

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N		

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Ellen Paul	06/30/2026	[X] Check # 1004 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
290 Imperial Dr	Glastonbury	CT	06033

Purpose of Expendit	Description	Amount
RMB	postage reimb	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [ ] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$244.00

Name of Payee	Date of Payment	Method of Payment
Michael Stebe	06/30/2026	[X] Check # 1018 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
85 Hollister St	Manchester	CT	06042

Purpose of Expendit	Description	Amount
CNSLT	treas pmt 1 and 2	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$1,000.00

Total of Section N	**$9,075.01**

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
Defending Connecticut Values	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 If yes, assign an Expenditure # and complete Itemization in Addendum P		Expenditure # (if applicable)	Event #	

Total of Section P

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Defending Connecticut Values	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)	Event #		

Total of Section Q	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Defending Connecticut Values	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:
Strategies	Blue	Edge	06/30/2026	[X] Check # 1017 [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: Facebook

Street Address of Vendor	City	State	Zip Code
1 Meta Way	Menlo Park	CA	94025

Purpose of Expenditure (by code)	Description
A-WEB	inv 9206 FB ads

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and completes Itemization in Addendum R			$434.00

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
strategies	blue	edge	06/30/2026	[X] Check # 1015 [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: Facebook

Street Address of Vendor	City	State	Zip Code
1 Meta Way	Menlo Park	CA	94025

Purpose of Expenditure (by code)	Description
A-WEB	FB ad inv 9126

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and completes Itemization in Addendum R			$25.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Defending Connecticut Values	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:
Strategies	Blue	Edge	06/30/2026	[X] Check # 1014 [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: PROMPT.IO

Street Address of Vendor	City	State	Zip Code
14419 Greenwood Ave N # A-373	Seattle	WA	98133

Purpose of Expenditure (by code)	Description
A-ATM	inv 9099 DLV verification

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and completes Itemization in Addendum R			$250.00

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Strategies	Blue	Edge	06/30/2026	[X] Check # 1013 [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: PROMPT IO

Street Address of Vendor	City	State	Zip Code
14419 Greenwood Ave N # A-373	Seattle	WA	98133

Purpose of Expenditure (by code)	Description
A-ATM	inv 9098 texting

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and completes Itemization in Addendum R			$224.57

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Defending Connecticut Values	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:
startegies	blue	edge	06/30/2026	[X] Check # 1011 [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: Facebook

Street Address of Vendor	City	State	Zip Code
1 Meta Way	Menlo Park	CA	94025

Purpose of Expenditure (by code)	Description
A-WEB	inv 9074 fb ads

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and completes Itemization in Addendum R			$30.00

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
strategies	blue	edge	06/30/2026	[X] Check # 1010 [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: Facebook

Street Address of Vendor	City	State	Zip Code
1 Meta Way	Menlo Park	CA	94025

Purpose of Expenditure (by code)	Description
A-WEB	inv 9073 fb ads

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and completes Itemization in Addendum R			$231.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Defending Connecticut Values	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:
Strategies	Blue	Edge	06/30/2026	[X] Check # 1009 [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: HERITAGE PRINTERS

Street Address of Vendor	City	State	Zip Code
101 Kinsley St	Hartford	CT	06103

Purpose of Expenditure (by code)	Description
PRNT	inv 9072 post cards

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and completes Itemization in Addendum R			$465.00

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Strategies	Blue	Edge	06/30/2026	[X] Check # 1007 [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: SERVICE PRESS

Street Address of Vendor	City	State	Zip Code
115 Day St	Newington	CT	06111

Purpose of Expenditure (by code)	Description
PRNT	inv 9038 walkcard print

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and completes Itemization in Addendum R			$1,426.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Defending Connecticut Values	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:
Farina	Michael		06/30/2026	[X] Check # 1006 [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant			
WIX			
Street Address of Vendor	**City**	**State**	**Zip Code**
Yunitsman 5 Tel Aviv	Manchester	CT	06040

Purpose of Expenditure (by code)	Description
WEB	web site registration

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and completes Itemization in Addendum R			$331.80

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Paul	Ellen		06/30/2026	[X] Check # 1004 [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant			
Postmaster			
Street Address of Vendor	**City**	**State**	**Zip Code**
16 E Hampton Rd	Marlborough	CT	06447

Purpose of Expenditure (by code)	Description
POST	postage

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and completes Itemization in Addendum R			$244.00

Total of Section R	**$3,661.37**

IV. EXPENDITURES (Sectuibs N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Defending Connecticut Values	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