

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

Revised February 2015



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Page 1 of 15

**COVER PAGE**

|                                                                                                                                                                                                                                                                                  |                                                           |                          |              |                                                                                                                  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|--------------------------|--------------|------------------------------------------------------------------------------------------------------------------|--|
| 1. NAME OF COMMITTEE                                                                                                                                                                                                                                                             |                                                           |                          |              | 2. TYPE OF COMMITTEE                                                                                             |  |
| <b>Joe Lauretti for State Rep 2026</b>                                                                                                                                                                                                                                           |                                                           |                          |              | <input checked="checked" type="checkbox"/> Candidate Committee<br><input type="checkbox"/> Exploratory Committee |  |
| 3. TREASURER NAME                                                                                                                                                                                                                                                                |                                                           |                          |              |                                                                                                                  |  |
| First                                                                                                                                                                                                                                                                            | MI                                                        | Last                     |              | Suffix                                                                                                           |  |
| <b>Emily</b>                                                                                                                                                                                                                                                                     | <b>D</b>                                                  | <b>Fry</b>               |              |                                                                                                                  |  |
| 4. TREASURER ADDRESS                                                                                                                                                                                                                                                             |                                                           |                          |              |                                                                                                                  |  |
| Street Address                                                                                                                                                                                                                                                                   | City                                                      | State                    | Zip Code     |                                                                                                                  |  |
| <b>508 Long Hill Ave</b>                                                                                                                                                                                                                                                         | <b>Shelton</b>                                            | <b>CT</b>                | <b>06484</b> |                                                                                                                  |  |
| 5. ELECTION DATE                                                                                                                                                                                                                                                                 | 6. OFFICE SOUGHT ( Complete only if Candidate Committee ) |                          |              | 7. DISTRICT NUMBER ( if applicable )                                                                             |  |
| <b>11/03/2026</b>                                                                                                                                                                                                                                                                | <b>State Representative</b>                               |                          |              | <b>R113</b>                                                                                                      |  |
| 8. CANDIDATE NAME ( Complete only if Candidate or Exploratory Committee )                                                                                                                                                                                                        |                                                           |                          |              |                                                                                                                  |  |
| First                                                                                                                                                                                                                                                                            | MI                                                        | Last                     |              | Suffix                                                                                                           |  |
| <b>Joseph</b>                                                                                                                                                                                                                                                                    |                                                           | <b>Lauretti</b>          |              |                                                                                                                  |  |
| 9. TYPE OF REPORT                                                                                                                                                                                                                                                                |                                                           |                          |              |                                                                                                                  |  |
| <b>July 10 Filing - Original</b>                                                                                                                                                                                                                                                 |                                                           |                          |              |                                                                                                                  |  |
| 10. PERIOD COVERED                                                                                                                                                                                                                                                               |                                                           |                          |              |                                                                                                                  |  |
| Beginning Date                      Ending Date                                                                                                                                                                                                                                  |                                                           |                          |              |                                                                                                                  |  |
| <b>06/10/2026</b> thru <b>06/30/2026</b>                                                                                                                                                                                                                                         |                                                           |                          |              |                                                                                                                  |  |
| 11. CERTIFICATION                                                                                                                                                                                                                                                                |                                                           |                          |              |                                                                                                                  |  |
| <input checked="checked" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.            |                                                           |                          |              |                                                                                                                  |  |
| <b>Electronic Filing</b>                                                                                                                                                                                                                                                         |                                                           | <b>Emily Fry</b>         |              | <b>07/10/2026 3:46:05PM</b>                                                                                      |  |
| SIGNATURE                                                                                                                                                                                                                                                                        |                                                           | PRINT NAME OF THE SIGNER |              | DATE CERTIFIED                                                                                                   |  |
| <b>A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty of up to \$25,000, unless a fine of a larger amount is otherwise provided for as a maximum fine in the Connecticut General Statutes.</b> |                                                           |                          |              |                                                                                                                  |  |

**SEEC FORM 30**

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised February 2015

**SUMMARY PAGE TOTALS**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)                           | TYPE OF REPORT                 |                              |
|---------------------------------------------------------------------------------------------------|--------------------------------|------------------------------|
| <b>Joe Lauretti for State Rep 2026</b>                                                            | July 10 Filing - Original      |                              |
|                                                                                                   | <b>COLUMN A</b><br>This Period | <b>COLUMN B</b><br>Aggregate |
| 12. Balance on hand from day Committee was formed                                                 |                                | <b>\$0.00</b>                |
| 13. Balance on hand at the beginning of Reporting Period                                          | <b>\$6,756.73</b>              |                              |
| 14. Contributions received from Individuals (Section A and B)                                     | <b>\$0.00</b>                  | <b>\$9,285.00</b>            |
| 15. Receipts from Other Committees (Sections C1 and C2)                                           | <b>\$0.00</b>                  | <b>\$0.00</b>                |
| 16. Other Monetary Receipts (Section D through I)                                                 | <b>\$15,430.00</b>             | <b>\$15,504.33</b>           |
| 17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)                           | <b>\$0.00</b>                  | <b>\$0.00</b>                |
| 18. Total Monetary Receipts (add totals for lines 14 through 17)                                  | <b>\$15,430.00</b>             | <b>\$24,789.33</b>           |
| 19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)           | <b>\$22,186.73</b>             | <b>\$24,789.33</b>           |
| 20. Expenses Paid by Committee (Section N)                                                        | <b>\$3,608.76</b>              | <b>\$6,211.36</b>            |
| 21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns ) | <b>\$18,577.97</b>             | <b>\$18,577.97</b>           |
| 22. In-Kind Donations not Considered Contributions Received (Section J3)                          | <b>\$0.00</b>                  | <b>\$0.00</b>                |
| 23. In-Kind Donations not Considered Contributions - House Party (Section J4)                     | <b>\$0.00</b>                  | <b>\$0.00</b>                |
| 24. In-Kind Contributions Received (Section K)                                                    | <b>\$0.00</b>                  | <b>\$0.00</b>                |
| 25. Refundable Deposit to Telephone Company (Section L)                                           | <b>\$0.00</b>                  | <b>\$0.00</b>                |
| 26. Beginning Loan Balance                                                                        | <b>\$0.00</b>                  |                              |
| 26a. + Loans Received (Section D)                                                                 | <b>\$0.00</b>                  | <b>\$0.00</b>                |
| 26b. + Interest and Penalties on Loan(s)                                                          | <b>\$0.00</b>                  | <b>\$0.00</b>                |
| 26c. - Payments on Loan(s)                                                                        | <b>\$0.00</b>                  | <b>\$0.00</b>                |
| 26d. Total Outstanding Loan Amount                                                                | <b>\$0.00</b>                  |                              |
| 27. Campaign Expenses Paid By Candidate (Section O)                                               | <b>\$0.00</b>                  | <b>\$0.00</b>                |
| 28. Expenses Incurred on Committee Credit Card (Section P)                                        | <b>\$0.00</b>                  | <b>\$0.00</b>                |
| 29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)                    | <b>\$3,836.58</b>              |                              |
| 29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)                    | <b>\$3,836.58</b>              |                              |

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

|                                                                                 |  |                                      |  |
|---------------------------------------------------------------------------------|--|--------------------------------------|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)         |  | TYPE OF REPORT                       |  |
| Joe Lauretti for State Rep 2026                                                 |  | July 10 Filing - Original            |  |
| <b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> |  | For Nonparticipating Candidates ONLY |  |
| <b>B. Itemized Contributions from Individuals</b>                               |  |                                      |  |

|                                                                                                                                            |     |                                                                                        |                                                                      |               |                         |
|--------------------------------------------------------------------------------------------------------------------------------------------|-----|----------------------------------------------------------------------------------------|----------------------------------------------------------------------|---------------|-------------------------|
| 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?                                                          |     |                                                                                        | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? |               | Amount of Contribution  |
| Yes      No<br>If yes, indicate which branch or branches of government the contract is with:<br>Executive                      Legislative |     |                                                                                        | Yes      No                                                          |               |                         |
| Is this contribution associated with an event reported in Section J1?                                                                      | Yes | Method of contribution:                                                                |                                                                      | Date Received | Aggregate Contributions |
|                                                                                                                                            | No  | Cash                      Personal Check<br>Money Order              Credit/Debit Card |                                                                      |               |                         |
| If yes, list Event #                                                                                                                       |     |                                                                                        |                                                                      |               |                         |

|                                                    |  |                                                                    |
|----------------------------------------------------|--|--------------------------------------------------------------------|
| <b>Total of Section B</b>                          |  |                                                                    |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS</b> |  | (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            |                        |
| Joe Lauretti for State Rep 2026                                         |       |          |                                                                       | July 10 Filing - Original |                        |
| <b>C1. Contributions from Other Committees</b>                          |       |          |                                                                       |                           |                        |
| Name of Committee                                                       |       |          | Name of Treasurer                                                     |                           |                        |
| Address                                                                 |       |          | Is this contribution associated with an event reported in Section J1? |                           | Amount of Contribution |
|                                                                         |       |          | Yes      No<br>If yes, list Event #                                   |                           |                        |
| City                                                                    | State | Zip Code | Date Received                                                         | Aggregate Contributions   |                        |
| <b>Total of Section C1</b>                                              |       |          |                                                                       |                           |                        |

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

|                                                                          |             |          |                                                                                                     |                           |                   |
|--------------------------------------------------------------------------|-------------|----------|-----------------------------------------------------------------------------------------------------|---------------------------|-------------------|
| NAME OF COMMITTEE                                                        |             |          |                                                                                                     | TYPE OF REPORT            |                   |
| Joe Lauretti for State Rep 2026                                          |             |          |                                                                                                     | July 10 Filing - Original |                   |
| <b>C2. Reimbursements or Surplus Distributions from other Committees</b> |             |          |                                                                                                     |                           |                   |
| Name of Committee                                                        |             |          | Name of Treasurer                                                                                   |                           |                   |
| Address                                                                  |             |          |                                                                                                     | Date Received             | Amount of Receipt |
| City                                                                     | State       | Zip Code | Payment Type<br>Reimbursement for shared expense<br>Surplus distribution from exploratory committee |                           |                   |
| Expenditure #                                                            | Description |          |                                                                                                     |                           |                   |
| <b>Total of Section C2</b>                                               |             |          |                                                                                                     |                           |                   |

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

|                                            |  |                 |           |                           |                                                |
|--------------------------------------------|--|-----------------|-----------|---------------------------|------------------------------------------------|
| NAME OF COMMITTEE                          |  |                 |           | TYPE OF REPORT            |                                                |
| Joe Lauretti for State Rep 2026            |  |                 |           | July 10 Filing - Original |                                                |
| <b>D. Loans Received this Period</b>       |  |                 |           |                           |                                                |
| 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                  |                                                |
| <b>Total of Section D</b>                  |  |                 |           |                           |                                                |

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

NAME OF COMMITTEE

TYPE OF REPORT

Joe Lauretti for State Rep 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

Joe Lauretti for State Rep 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

Joe Lauretti for State Rep 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

06/23/2026

\$15,430.00

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

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

|                                                                        |      |       |                     |                           |                 |
|------------------------------------------------------------------------|------|-------|---------------------|---------------------------|-----------------|
| NAME OF COMMITTEE                                                      |      |       |                     | TYPE OF REPORT            |                 |
| Joe Lauretti for State Rep 2026                                        |      |       |                     | July 10 Filing - Original |                 |
| <b>I. Miscellaneous Monetary Receipts not Considered Contributions</b> |      |       |                     |                           |                 |
| Name                                                                   |      |       | Date of Transaction |                           | Amount Received |
| Street Address                                                         | City | State | Zip Code            |                           |                 |
| Description                                                            |      |       |                     |                           |                 |
| <b>Total of Section I</b>                                              |      |       |                     |                           |                 |

**II. EVENT ACTIVITY (Sections J1 - J4)**

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

**II.EVENT ACTIVITY (Sections J1 - J4)**

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

TYPE OF REPORT

Joe Lauretti for State Rep 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

Joe Lauretti for State Rep 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

Joe Lauretti for State Rep 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

Joe Lauretti for State Rep 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            |
| Joe Lauretti for State Rep 2026                                         | July 10 Filing - Original |
| <b>N. Expenses Paid By Committee</b>                                    |                           |

|                                                                                                                                                                                                                              |                                                      |                                  |                                                                                                                                         |                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| Name of Payee<br>Day Campaign                                                                                                                                                                                                |                                                      | Date of Payment<br>06/18/2026    | Method of Payment<br><input type="checkbox"/> Check #<br><input checked="" type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                        |
| Street Address<br>112 Bloomfield Ave                                                                                                                                                                                         |                                                      | City<br>Windsor                  | State<br>CT                                                                                                                             | Zip Code<br>06095-2813 |
| Purpose of Expendit<br>WEB                                                                                                                                                                                                   | Description<br>Correction for overpayment to account |                                  |                                                                                                                                         | Amount<br><br>\$18.39  |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, assign an Expenditure # and complete Itemization in Addendum N |                                                      | Expenditure #<br>(if applicable) | Event #                                                                                                                                 |                        |

|                                                                                                                                                                                                                              |                                                 |                                  |                                                                                                                                         |                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| Name of Payee<br>Right Insight                                                                                                                                                                                               |                                                 | Date of Payment<br>06/23/2026    | Method of Payment<br><input type="checkbox"/> Check #<br><input checked="" type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                       |
| Street Address<br>PO Box 421                                                                                                                                                                                                 |                                                 | City<br>Boise                    | State<br>ID                                                                                                                             | Zip Code<br>83701     |
| Purpose of Expendit<br>A-ATM                                                                                                                                                                                                 | Description<br>One Time Carrier Activation Fees |                                  |                                                                                                                                         | Amount<br><br>\$30.90 |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, assign an Expenditure # and complete Itemization in Addendum N |                                                 | Expenditure #<br>(if applicable) | Event #                                                                                                                                 |                       |

|                                                                                                                                                                                                                              |                                         |                                  |                                                                                                                                         |                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| Name of Payee<br>Right Insight                                                                                                                                                                                               |                                         | Date of Payment<br>06/23/2026    | Method of Payment<br><input type="checkbox"/> Check #<br><input checked="" type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                        |
| Street Address<br>PO Box 421                                                                                                                                                                                                 |                                         | City<br>Boise                    | State<br>ID                                                                                                                             | Zip Code<br>83701      |
| Purpose of Expendit<br>A-ATM                                                                                                                                                                                                 | Description<br>Campaign Activation Fees |                                  |                                                                                                                                         | Amount<br><br>\$101.97 |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, assign an Expenditure # and complete Itemization in Addendum N |                                         | Expenditure #<br>(if applicable) | Event #                                                                                                                                 |                        |

**IV. EXPENDITURES (Sections N - S)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT            |
|-------------------------------------------------------------------------|---------------------------|
| Joe Lauretti for State Rep 2026                                         | July 10 Filing - Original |

**N. Expenses Paid By Committee**

|                                                                                                                                                                                                                              |                                                                 |                                  |                                                                                                                                                     |                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| Name of Payee<br>Shelton Little League                                                                                                                                                                                       |                                                                 | Date of Payment<br>06/23/2026    | Method of Payment<br><input checked="" type="checkbox"/> Check # <u>1009</u><br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                        |
| Street Address<br>PO Box 2126                                                                                                                                                                                                |                                                                 | City<br>Shelton                  | State<br>CT                                                                                                                                         | Zip Code<br>06484      |
| Purpose of Expendit<br>A-OTH                                                                                                                                                                                                 | Description<br>Advertise on tee box at golf tournament 06/15/26 |                                  |                                                                                                                                                     | Amount<br><br>\$175.00 |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, assign an Expenditure # and complete Itemization in Addendum N |                                                                 | Expenditure #<br>(if applicable) | Event #                                                                                                                                             |                        |

|                                                                                                                                                                                                                                         |                             |                                  |                                                                                                                                                     |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| Name of Payee<br>Citizens' Election Fund                                                                                                                                                                                                |                             | Date of Payment<br>06/23/2026    | Method of Payment<br><input checked="" type="checkbox"/> Check # <u>1008</u><br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                          |
| Street Address<br>55 Farmington Ave                                                                                                                                                                                                     |                             | City<br>Hartford                 | State<br>CT                                                                                                                                         | Zip Code<br>06105        |
| Purpose of Expendit<br>CEF                                                                                                                                                                                                              | Description<br>Buffer Check |                                  |                                                                                                                                                     | Amount<br><br>\$2,510.00 |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, assign an Expenditure # and complete Itemization in Addendum N |                             | Expenditure #<br>(if applicable) | Event #                                                                                                                                             |                          |

|                                                                                                                                                                                                                              |                                              |                                  |                                                                                                                                         |                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| Name of Payee<br>Right Insight                                                                                                                                                                                               |                                              | Date of Payment<br>06/29/2026    | Method of Payment<br><input type="checkbox"/> Check #<br><input checked="" type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                        |
| Street Address<br>PO Box 421                                                                                                                                                                                                 |                                              | City<br>Boise                    | State<br>ID                                                                                                                             | Zip Code<br>83701      |
| Purpose of Expendit<br>WEB                                                                                                                                                                                                   | Description<br>Website Creation & Management |                                  |                                                                                                                                         | Amount<br><br>\$772.50 |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, assign an Expenditure # and complete Itemization in Addendum N |                                              | Expenditure #<br>(if applicable) | Event #                                                                                                                                 |                        |

**Total of Section N****\$3,608.76**

**IV. EXPENDITURES (Sections N - S)**

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

**IV. EXPENDITURES (Sections N - S)**

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

**IV. EXPENDITURES (Sections N - S)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT            |
|-------------------------------------------------------------------------|---------------------------|
| Joe Lauretti for State Rep 2026                                         | July 10 Filing - Original |

**Q. Expenses Incurred By Committee but Not Paid During this Period**

|                                                                                                                                                                                                                                   |                                                          |                                                 |                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------|-------------------------------------------------------------------------------------------|
| Name of Creditor<br>Inkbyte, LLC                                                                                                                                                                                                  |                                                          | Date Incurred<br>06/29/2026                     |                                                                                           |
| Street Address<br>35 Nutmeg Dr                                                                                                                                                                                                    |                                                          | City<br>Trumbull                                | State<br>CT<br>Zip Code<br>06611                                                          |
| Purpose of Expenditure<br>(by code)<br><br>CNSLT                                                                                                                                                                                  | Description<br><br>Political Campaign Marketing Services |                                                 | Amount Incurred<br>(Estimate or Actual)<br><br><br><br><br><br><br><br><br><br>\$3,836.58 |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>If yes, assign an Expenditure # and completes Itemization in Addendum Q |                                                          | Expenditure #<br>(if applicable)<br><br>Event # |                                                                                           |

**Total of Section Q****\$3,836.58**

**IV. EXPENDITURES (Sections N - S)**

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

TYPE OF REPORT

Joe Lauretti for State Rep 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

Joe Lauretti for State Rep 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 |
|-----------------------------------------------------------------------------------------------------|----------------|
|                                                                                                     |                |
| <b>J4. In - Kind Donations Not Considered Contribution Associated with a House Party - Addendum</b> |                |
| <b>Event #</b>                                                                                      |                |
| Name of Candidate                                                                                   |                |

### Section N. ADDENDUM

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

### Section P. ADDENDUM

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

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

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