SEEC FORM 30
Itemized Campaign Finance Disclosure Statement
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Revised February 2015

Electronic Filing

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COVER PAGE

1.NAME OF COMMITTEE	2. TYPE OF COMMITTEE
Lucy for Connecticut	[x] Candidate Committee [ ] Exploratory Committee

3. TREASURER NAME

First	MI	Last	Suffix
Angela		**Jameson**	

4. TREASURER ADDRESS

Street Address	City	State	Zip Code
1370 Ponus Ridge Rd	**New Canaan**	**CT**	**06840**

5. ELECTION DATE	6. OFFICE SOUGHT *(Complete only if Candidate Committee)*	7. DISTRICT NUMBER *(if applicable)*
11/03/2026	**State Senator**	**S026**

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

First	MI	Last	Suffix
Lucia "Lucy"	**S**	**Dathan**	

9. TYPE OF REPORT

July 10 Filing - Original

10. PERIOD COVERED

Beginning Date		Ending Date
04/01/2026	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	**Angela Jameson**	**07/08/2026 4:14:16PM**
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	
Lucy for Connecticut	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	**$2,992.22**	
14. Contributions received from Individuals (Section A and B)	**$4,780.00**	**$9,090.00**
15. Receipts from Other Committees (Sections C1 and C2)	**$0.00**	**$0.00**
16. Other Monetary Receipts (Section D through I)	**$243.25**	**$243.25**
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)	**$5,023.25**	**$9,333.25**
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	**$8,015.47**	**$9,333.25**
20. Expenses Paid by Committee (Section N)	**$5,422.37**	**$6,740.15**
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns)	**$2,593.10**	**$2,593.10**
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
Lucy for Connecticut	July 10 Filing - Original

A. Total Contributions from Small Contributors-Received this Period ONLY — For Nonparticipating Candidates ONLY: **$0.00**

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Minichini	Doris		0126

Residential Street Address	City	State	Zip Code
24 Tally Dr	Norwalk	CT	06851

Principal Occupation	Name of Employer
Homemaker	Homemaker

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 04/01/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Washer	Louise		0125

Residential Street Address	City	State	Zip Code
280 Silvermine Ave	Norwalk	CT	06850

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $250.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 04/01/2026

Aggregate Contributions: $250.00

Last Name	First	MI	Contribution ID #
Harris	Mark		0124

Residential Street Address	City	State	Zip Code
236 S Bald Hill Rd	New Canaan	CT	06840

Principal Occupation	Name of Employer
CFO	FGS Global

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 04/02/2026

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Lucy for Connecticut

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Tobey	Ginger		0123

Residential Street Address	City	State	Zip Code
2 Nash Ln	Westport	CT	06880

Principal Occupation	Name of Employer
Homemaker	Homemaker

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received	Aggregate Contributions
04/03/2026	$100.00

Last Name	First	MI	Contribution ID #
Frate	Corey		0122

Residential Street Address	City	State	Zip Code
47 Hecker Ave	Darien	CT	06820

Principal Occupation	Name of Employer
Executive Assistant	City of Norwalk

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $26.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received	Aggregate Contributions
04/04/2026	$26.00

Last Name	First	MI	Contribution ID #
Duryea	TL		0121

Residential Street Address	City	State	Zip Code
6 Deane Ct	Norwalk	CT	06853

Principal Occupation	Name of Employer
Artist	TL Duryea

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received	Aggregate Contributions
04/04/2026	$10.00

Last Name	First	MI	Contribution ID #
Siegelbaum	Beth		0120

Residential Street Address	City	State	Zip Code
57 Russell St	Norwalk	CT	06855

Principal Occupation	Name of Employer
Retired	None

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $20.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received	Aggregate Contributions
04/04/2026	$20.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Lucy for Connecticut

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Lauricella	Diane		0119

Residential Street Address	City	State	Zip Code
304 Main Ave	Norwalk	CT	06851

Principal Occupation	Name of Employer
Environmental health management and policy	DIANE Environmental Consulting

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 04/04/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Hovland	Pamela		0118

Residential Street Address	City	State	Zip Code
35 Pond Rd	Wilton	CT	06897

Principal Occupation	Name of Employer
Faculty + Design Director + Principal	Yale University + MoCA\CT + Pamela Hovland Design

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $20.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 04/07/2026

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
Adamsen	Susan		0117

Residential Street Address	City	State	Zip Code
150 Drum Hill Rd	Wilton	CT	06897

Principal Occupation	Name of Employer
Vice Chair Building One Community	CT

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 04/08/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Eastman	Susan		0116

Residential Street Address	City	State	Zip Code
15 Lockwood Cir	Westport	CT	06880

Principal Occupation	Name of Employer
retired	retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 04/08/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Axthelm	Nancy		0115

Residential Street Address	City	State	Zip Code
33 Minute Man Hl	Westport	CT	06880

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $20.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 04/08/2026

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
Ulmer	David		0114

Residential Street Address	City	State	Zip Code
193 S Salem Rd	Ridgefield	CT	06877

Principal Occupation	Name of Employer
Retired	CT

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $250.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 04/08/2026

Aggregate Contributions: $250.00

Last Name	First	MI	Contribution ID #
Reed	Kristin		0113

Residential Street Address	City	State	Zip Code
824 N Wilton Rd .	New Canaan	CT	06840

Principal Occupation	Name of Employer
Homemaker	Homemaker

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $340.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 04/08/2026

Aggregate Contributions: $340.00

Last Name	First	MI	Contribution ID #
Buscemi	Willow		0112

Residential Street Address	City	State	Zip Code
37 Dubois St .	Darien	CT	06820

Principal Occupation	Name of Employer
Program Director	Meals-on-Wheels of Greenwich

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $40.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 04/08/2026

Aggregate Contributions: $40.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Berger	Joelle		0111

Residential Street Address	City	State	Zip Code
15 Murvon Ct	Westport	CT	06880

Principal Occupation	Name of Employer
RETIRED	CT

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $20.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 04/09/2026

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
Hornstein	Abigail		0110

Residential Street Address	City	State	Zip Code
17 Edmond St	Darien	CT	06820

Principal Occupation	Name of Employer
professor	Wesleyan University

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $20.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 04/09/2026

Aggregate Contributions: $40.00

Last Name	First	MI	Contribution ID #
Cordano	Amanda		0109

Residential Street Address	City	State	Zip Code
160 Florida Hill Rd	Ridgefield	CT	06877

Principal Occupation	Name of Employer
Executive Director	CT

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 04/09/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Englund	Sven		0108

Residential Street Address	City	State	Zip Code
9 Fairty Dr	New Canaan	CT	06840

Principal Occupation	Name of Employer
Retired	CT

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $250.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 04/09/2026

Aggregate Contributions: $250.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Lucy for Connecticut

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Badanes	Jillian		0107

Residential Street Address	City	State	Zip Code
36 Mead St	New Canaan	CT	06840

Principal Occupation	Name of Employer
Manager	Swiss Re

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $40.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 04/09/2026

Aggregate Contributions: $40.00

Last Name	First	MI	Contribution ID #
Lee	Lina		0106

Residential Street Address	City	State	Zip Code
160 Ferris Hill Rd	New Canaan	CT	06840-3833

Principal Occupation	Name of Employer
Attorney	Connecticut Bar Association

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 04/10/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Caffrey	Karen		0105

Residential Street Address	City	State	Zip Code
30 Jenny Cliff Rd	Manchester	CT	06040

Principal Occupation	Name of Employer
Psychotherapist	Karen Caffrey LPC

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 04/11/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Kane	Melissa		0104

Residential Street Address	City	State	Zip Code
9 Buena Vista Dr	Westport	CT	06880

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 04/11/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Lucy for Connecticut

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
L Simms Jr	Travis		0103

Residential Street Address	City	State	Zip Code
28 Dr Martin Luther King Jr Dr	Norwalk	CT	06854

Principal Occupation	Name of Employer
President/CEO	Tremendous Promotions, LLC

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $20.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received	Aggregate Contributions
04/11/2026	$20.00

Last Name	First	MI	Contribution ID #
Whitney	Elaine		0102

Residential Street Address	City	State	Zip Code
12 Colony Rd	Westport	CT	06880

Principal Occupation	Name of Employer
Hospital administrator	Yale New Haven Hospital

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received	Aggregate Contributions
04/12/2026	$50.00

Last Name	First	MI	Contribution ID #
Alvarez	Kevin		0101

Residential Street Address	City	State	Zip Code
98 Clinton Ave	New Haven	CT	06513

Principal Occupation	Name of Employer
Deputy Chief of Staff	State of CT - OTT

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $20.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received	Aggregate Contributions
04/13/2026	$20.00

Last Name	First	MI	Contribution ID #
Nugent	Barli		0100

Residential Street Address	City	State	Zip Code
160 Rivergate Dr	Wilton	CT	06897

Principal Occupation	Name of Employer
Performing Arts administration	The Juilliard School

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $250.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received	Aggregate Contributions
04/14/2026	$250.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Lucy for Connecticut

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Batteau	Wendy		0099

Residential Street Address	City	State	Zip Code
6 Arlen Rd	Westport	CT	06880

Principal Occupation	Name of Employer
Writer	self

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $20.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 04/14/2026

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
Brotherton	Sue		0098

Residential Street Address	City	State	Zip Code
45 Weed Ave	Norwalk	CT	06850

Principal Occupation	Name of Employer
Part time receptionist	CT

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 04/14/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Cook-Littman	Tara		0097

Residential Street Address	City	State	Zip Code
5460 Congress St	Fairfield	CT	06824

Principal Occupation	Name of Employer
Attorney	Unemployed

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $250.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 04/14/2026

Aggregate Contributions: $250.00

Last Name	First	MI	Contribution ID #
Niang	Fatou		0096

Residential Street Address	City	State	Zip Code
127 Wellesley Dr	New Canaan	CT	06840

Principal Occupation	Name of Employer
Realtor	Realtor. William Pitt Sotheby's International Real

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $340.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 04/15/2026

Aggregate Contributions: $340.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Lucy for Connecticut

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
DiLaura	Arnold		0095

Residential Street Address	City	State	Zip Code
99 Barry Ave	Ridgefield	CT	06877

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 04/16/2026

Aggregate Contributions: $65.00

Last Name	First	MI	Contribution ID #
Flaherty	Susie		0094

Residential Street Address	City	State	Zip Code
6 Lake Dr	Darien	CT	06820

Principal Occupation	Name of Employer
Teacher	Greenwich Public School

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 04/16/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Obuchowski	Elsa		0093

Residential Street Address	City	State	Zip Code
41 East Ave	Norwalk	CT	06851

Principal Occupation	Name of Employer
editor-writer	Elsa Peterson Ltd.

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $20.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 04/18/2026

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
Maher	Ceci		0092

Residential Street Address	City	State	Zip Code
47 Sturges Ridge Rd	Wilton	CT	06897

Principal Occupation	Name of Employer
Legislator	State of CT

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 04/19/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Lucy for Connecticut

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Gulyas	Ashley		0091

Residential Street Address	City	State	Zip Code
5 Cliffview Dr	Norwalk	CT	06850

Principal Occupation	Name of Employer
homemaker	homemaker

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 04/20/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Davis	Mike		0090

Residential Street Address	City	State	Zip Code
200 Glover Ave	Norwalk	CT	06850

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $20.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 04/20/2026

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
Donovan	Elizabeth		0089

Residential Street Address	City	State	Zip Code
1647 Rodman St	Hollywood	FL	33020

Principal Occupation	Name of Employer
Senior Move Mgr Consultant	Self - Sr Support and Transition LLC

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $20.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 04/20/2026

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
Masumian	Jacqueline		0088

Residential Street Address	City	State	Zip Code
9 Tanglewood Ln	Westport	CT	06880

Principal Occupation	Name of Employer
retired	retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $20.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 04/20/2026

Aggregate Contributions: $20.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
McSporran	Katie		0087

Residential Street Address	City	State	Zip Code
132 Range Rd	Wilton	CT	06897

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $20.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 04/22/2026

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
Garinay	Jane		0086

Residential Street Address	City	State	Zip Code
409 Broad St	Windsor	CT	06095

Principal Occupation	Name of Employer
State Representative	State of CT

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 04/25/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Iorfino	Peter		0085

Residential Street Address	City	State	Zip Code
117 Cavalry Rd	Wilton	CT	06897

Principal Occupation	Name of Employer
Culinary Assistant	Stew Leonard's

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 04/27/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
DRUCKER	RACHEL		0084

Residential Street Address	City	State	Zip Code
108 New Canaan Ave	Norwalk	CT	06850

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $39.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 05/01/2026

Aggregate Contributions: $39.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Lucy for Connecticut

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Arzeno	Hector		0083

Residential Street Address	City	State	Zip Code
215 Valley Rd	Cos Cob	CT	06807

Principal Occupation	Name of Employer
State Representative	Connecticut General Assembly

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 05/05/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Wexler	Adam		0082

Residential Street Address	City	State	Zip Code
84 Rilling Rdg	New Canaan	CT	06840

Principal Occupation	Name of Employer
Attorney	Take-Two Interactive

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 05/07/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Duryea	Tina		0081

Residential Street Address	City	State	Zip Code
6 Deane Ct	Norwalk	CT	06853

Principal Occupation	Name of Employer
Artist, Portrait Painter	Self Employed - TLDuryea

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 05/07/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Lurie	Richard		0080

Residential Street Address	City	State	Zip Code
341 Jelliff Mill Rd	New Canaan	CT	06840

Principal Occupation	Name of Employer
retired	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $20.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 05/07/2026

Aggregate Contributions: $20.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Lucy for Connecticut

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
ROSEBERRY	Wendy		0079

Residential Street Address	City	State	Zip Code
303 Westport Rd	Wilton	CT	06897

Principal Occupation	Name of Employer
art dealer	self

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 05/10/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Soloff	Lauren		0078

Residential Street Address	City	State	Zip Code
9 Juniperroad	Westport	CT	06880

Principal Occupation	Name of Employer
Business Owner	CT

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $250.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 05/10/2026

Aggregate Contributions: $250.00

Last Name	First	MI	Contribution ID #
Atkin	John		0077

Residential Street Address	City	State	Zip Code
105 Richards Ave Unit 2310	Norwalk	CT	06854

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $20.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 05/15/2026

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
Howard	Parisa		0076

Residential Street Address	City	State	Zip Code
52 Adams Ln	New Canaan	CT	06840

Principal Occupation	Name of Employer
Marketing	Momentum Worldwide

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 05/15/2026

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Lucy for Connecticut

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Giordano	Vincent		0075

Residential Street Address	City	State	Zip Code
28 Fairview Ave	Ridgefield	CT	06877

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $40.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received	Aggregate Contributions
05/17/2026	$40.00

Last Name	First	MI	Contribution ID #
Teplica	Danielle		0074

Residential Street Address	City	State	Zip Code
52 Maple Ave S	Westport	CT	06880

Principal Occupation	Name of Employer
Not employed	CT

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $250.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received	Aggregate Contributions
05/17/2026	$275.00

Last Name	First	MI	Contribution ID #
Englund	Sven		0073

Residential Street Address	City	State	Zip Code
9 Fairty Dr	New Canaan	CT	06840-6240

Principal Occupation	Name of Employer
Retired	CT

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $250.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received	Aggregate Contributions
05/17/2026	$350.00

Last Name	First	MI	Contribution ID #
Nussbaum	Lauren		0072

Residential Street Address	City	State	Zip Code
65 Whiffle Tree Ln	New Canaan	CT	06840

Principal Occupation	Name of Employer
Homemaker	CT

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $20.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received	Aggregate Contributions
05/17/2026	$20.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Lucy for Connecticut

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Axthelm	Nancy		0071

Residential Street Address	City	State	Zip Code
33 Minute Man Hl	Westport	CT	06880

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $40.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 05/17/2026

Aggregate Contributions: $60.00

Last Name	First	MI	Contribution ID #
Tepas	Kevin		0070

Residential Street Address	City	State	Zip Code
7 Barnfield Rd	Norwalk	CT	06853

Principal Occupation	Name of Employer
retired	retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 05/17/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Jankowski	Dottie		0069

Residential Street Address	City	State	Zip Code
31 Wicks End Ln	Wilton	CT	06897-2633

Principal Occupation	Name of Employer
Family Support Services	STAR, inc.

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 05/17/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Caffrey	Karen		0068

Residential Street Address	City	State	Zip Code
30 Jenny Cliff Rd	Manchester	CT	06040

Principal Occupation	Name of Employer
Psychotherapist	Karen Caffrey LPC

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 05/17/2026

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Lauricella	Diane		0067

Residential Street Address	City	State	Zip Code
60 Gregory Blvd	Norwalk	CT	06855

Principal Occupation	Name of Employer
Unemployed	CT

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 05/17/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Soloff	Lauren		0066

Residential Street Address	City	State	Zip Code
9 Juniperroad	Westport	CT	06880

Principal Occupation	Name of Employer
Business Owner	Sonics & Materials, Inc.

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 05/18/2026

Aggregate Contributions: $350.00

Total of Section B	**$4,780.00**
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Total on Line 14, Column A of Summary Page)*	**$4,780.00**

I. MONETARY RECEIPTS (Section A-I)

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

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

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

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Lucy for Connecticut	July 10 Filing - Original

I. Miscellaneous Monetary Receipts not Considered Contributions

Name	Date of Transaction	Amount Received
CEF	04/15/2026	

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

Description: Transaction test — $0.03

Name	Date of Transaction	Amount Received
Lisa Hannich	06/29/2026	

Street Address	City	State	Zip Code
206 Main St	Unionville	CT	06085

Description: Stop placed on lost Check 103 — $243.22

Total of Section I	**$243.25**

II. EVENT ACTIVITY (Sections J1 - J4)

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

J3. In-Kind Donations Not Considered Contributions

Name of the Donor			
Street Address	City	State	Zip Code

Donation Given by:	Description of Donation			Fair Market Value of Donation
Individual				
Business Entity	Date Received	Event #	Aggregate value for this event	
Sole Proprietorship				

Total of Section J3	

II.EVENT ACTIVITY (Sections J1 - J4)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Blue Edge Strategies	04/09/2026	[X] Check # 104 [ ] Debit Card [ ] EFT

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

Purpose of Expendit	Description	Amount
CNSLT	COnsulting fee for March	$500.00

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 Consulting	04/09/2026	[X] Check # 104 [ ] Debit Card [ ] EFT

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

Purpose of Expendit	Description	Amount
A-WEB	Facebook Ads Persuasion Digital	$50.00

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	04/09/2026	[X] Check # 104 [ ] Debit Card [ ] EFT

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

Purpose of Expendit	Description	Amount
A-WEB	Facebook Ads Endorsements Week 1	$50.00

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
Lucy for Connecticut	July 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Blue Edge Strategies	05/04/2026	[X] Check # 108 [ ] Debit Card [ ] EFT

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

Purpose of Expendit	Description	Amount
CNSLT	Fee for consulting in April	$500.00

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	05/04/2026	[X] Check # 108 [ ] Debit Card [ ] EFT

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

Purpose of Expendit	Description	Amount
A-WEB	Facebook Ads Steinberg Endorsement	$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		

Name of Payee	Date of Payment	Method of Payment
Blue Edge Strategies	05/04/2026	[X] Check # 108 [ ] Debit Card [ ] EFT

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

Purpose of Expendit	Description	Amount
A-WEB	Facebook Ads	$100.00

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
[ ] Yes [ ] 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
Lucy for Connecticut	July 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Blue Edge Strategies	05/04/2026	[X] Check # 108 [ ] Debit Card [ ] EFT

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

Purpose of Expendit	Description	Amount
A-WEB	Facebook Ads Berger Girvalo Endorsement	$50.00

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	05/04/2026	[X] Check # 108 [ ] Debit Card [ ] EFT

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

Purpose of Expendit	Description	Amount
PRNT	Handout	$31.91

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	05/04/2026	[X] Check # 108 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
54 Robert Rd	Manchester	CT	06840

Purpose of Expendit	Description	Amount
A-WEB	Facebook Ads Endorsements Week 2	$75.00

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
Lucy for Connecticut	July 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Blue Edge Strategies	05/04/2026	[X] Check # 108 [ ] Debit Card [ ] EFT

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

Purpose of Expendit	Description	Amount
PRNT	Temporary walk cards	$691.28

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
Lisa Hannich	05/04/2026	[X] Check # 109 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
206 Main St	Unionville	CT	06840-0608

Purpose of Expendit	Description	Amount
POST	Stamps for DTC letters US Post Office	$140.40

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
Lisa Hannich	05/06/2026	[X] Check # 109 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
206 Main St	Unionville	CT	06085

Purpose of Expendit	Description	Amount
POST	Stamps for DTC letters from Walter Stewart's	$93.60

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
Lucy for Connecticut	July 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Blue Edge Strategies	05/17/2026	[X] Check # 110 [ ] Debit Card [ ] EFT

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

Purpose of Expendit	Description	Amount
Misc *	Set up texting Campaign Verify	$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	05/17/2026	[X] Check # 110 [ ] Debit Card [ ] EFT

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

Purpose of Expendit	Description	Amount
A-WEB	Additional Facebook Ads	$100.00

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	05/17/2026	[X] Check # 110 [ ] Debit Card [ ] EFT

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

Purpose of Expendit	Description	Amount
PRNT	Rally signs	$239.29

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
Lucy for Connecticut	July 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Michael Farina	05/20/2026	[X] Check # 111 [ ] Debit Card [ ] EFT

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

Purpose of Expendit	Description	Amount
FOOD	Coffee/donuts for supporters at convention from Dunkin Donuts	$93.48

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
Anedot	05/21/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
BNK	Credit card & other fees since 04/01/26	$209.50

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	06/01/2026	[X] Check # 112 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
54 Robert Rd	Manchester	CT	06840

Purpose of Expendit	Description	Amount
CNSLT	Consulting fee for May	$500.00

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
Lucy for Connecticut	July 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Lisa Hannich	06/03/2026	[X] Check # 113 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
206 Main St	Unionville	CT	06085

Purpose of Expendit	Description	Amount
Misc *	Swag for convention from Stickermule	$171.22

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
Lucy Dathan	06/04/2026	[X] Check # 114 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
950 Silvermine Ave	New Canaan	CT	06840

Purpose of Expendit	Description	Amount
FOOD	Lunch for Campaign Team from New Canaan Butchers Shop	$99.26

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
Lisa Hannich	06/04/2026	[X] Check # 115 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
206 Main St	Unionville	CT	06085

Purpose of Expendit	Description	Amount
WAGE	Campaign Manager stipend as per contract	$1,000.00

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
Lucy for Connecticut	July 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Bankwell	06/29/2026	[ ] Check # [x] Debit Card [ ] EFT

Street Address	City	State	Zip Code
156 Cherry St	New Canaan	CT	06840

Purpose of Expendit	Description	Amount
BNK	Charge to stop Check #103	

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			$30.00

Name of Payee	Date of Payment	Method of Payment
Lisa Hannich	06/30/2026	[x] Check # 116 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
206 Main St	Unionville	CT	06085

Purpose of Expendit	Description	Amount
OFFICE	Payment for envelopes for DTC member letters to DTC in place of check 103	

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			$21.23

Name of Payee	Date of Payment	Method of Payment
Lisa Hannich	06/30/2026	[x] Check # 116 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
206 Main St	Unionville	CT	06840

Purpose of Expendit	Description	Amount
PRNT	Payment of printing DTC member letters in place of check 103	

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			$221.99

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Lucy Dathan	06/30/2026	[X] Check # 117 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
950 Silvermine Rd	New Canaan	CT	06840

Purpose of Expendit	Description	Amount
Misc *	April monthly fee for Zoom subscription	

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			$18.07

Name of Payee	Date of Payment	Method of Payment
Lucy Dathan	06/30/2026	[X] Check # 117 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
950 Silvermine Rd	New Canaan	CT	06840

Purpose of Expendit	Description	Amount
Misc *	May monthly fee for Zoom subscription	

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			$18.07

Name of Payee	Date of Payment	Method of Payment
Lucy Dathan	06/30/2026	[X] Check # 117 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
950 Silvermine Rd	New Canaan	CT	06840

Purpose of Expendit	Description	Amount
Misc *	June monthly fee for Zoom subscription	

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			$18.07

Total of Section N	$5,422.37

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
Lucy for Connecticut	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
Lucy for Connecticut	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
Lucy for Connecticut	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:
Hannich	Lisa		03/24/2026	[X] Check # 116 [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant			
Fedex			
Street Address of Vendor	**City**	**State**	**Zip Code**
464 Main Ave	Norwalk	CT	06851

Purpose of Expenditure (by code)	Description
OFFICE	Payment for envelopes for DTC member letters in place of stopped check 103

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			$21.23

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Hannich	Lisa		03/24/2026	[X] Check # 116 [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant			
Fedex			
Street Address of Vendor	**City**	**State**	**Zip Code**
464 Main Ave	Norwalk	CT	06851

Purpose of Expenditure (by code)	Description
PRNT	Payment of printing letters to DTC members in place of stopped check 103

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			$221.99

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lucy for Connecticut	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:
Hannich	Lisa		03/25/2026	[X] Check # 109 [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: Walter Stewart's

Street Address of Vendor	City	State	Zip Code
229 Elm St	New Canaan	CT	06840

Purpose of Expenditure (by code)	Description
POST	Stamps for letters to DTC members

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			$93.60

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Hannich	Lisa		03/26/2026	[X] Check # 109 [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: US Post Office

Street Address of Vendor	City	State	Zip Code
18 Locust Ave	New Canaan	CT	06840

Purpose of Expenditure (by code)	Description
POST	Stamps for letters to DTC members

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			$140.40

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lucy for Connecticut	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:
Dathan	Lucy		03/30/2026	[X] Check # 117 [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: Zoom

Street Address of Vendor	City	State	Zip Code
55 Almaden Blvd	San Jose	CA	95113

Purpose of Expenditure (by code)	Description
Misc *	April monthly fee for Zoom subscription

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			$18.07

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Blue	Edge	Strategies	04/01/2026	[X] Check # 104 [ ] 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	Facebook Ads Persuasion Digital

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			$50.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lucy for Connecticut	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:
Blue	Edge	Strategies	04/06/2026	[X] Check # 104 [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: Facebook

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

Purpose of Expenditure (by code)	Description
A-WEB	Facebook Ads Endorsements Week 1

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			$50.00

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Dathan	Lucy		04/30/2026	[X] Check # 117 [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: Zoom

Street Address of Vendor	City	State	Zip Code
55 Almaden Blvd	San Jose	CA	95118

Purpose of Expenditure (by code)	Description
Misc *	June monthly fee for Zoom subscription

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			$18.07

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lucy for Connecticut	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:
Blue	Edge	Strategies	05/04/2026	[X] Check # 108 [ ] 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	Facebook Ads Steinberg Endorsement

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			$150.00

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Blue	Edge	Strategies	05/04/2026	[X] Check # 108 [ ] 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	Facebook 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			$100.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lucy for Connecticut	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:
Blue	Edge	Strategies	05/04/2026	[X] Check # 108 [ ] 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	Facebook Ads Berger Girvalo Endorsement

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			$50.00

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Blue	Edge	Strategies	05/04/2026	[X] Check # 108 [ ] 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	Printing handout

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			$31.91

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lucy for Connecticut	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:
Blue	Edge	Strategies	05/04/2026	[X] Check # 108 [ ] 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	Facebook Ads Endorsements Week 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 completes Itemization in Addendum R			$75.00

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Blue	Edge	Strategies	05/04/2026	[X] Check # 108 [ ] 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	Printing temporary walk 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			$691.28

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lucy for Connecticut	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:
Blue	Edge	Strategies	05/15/2026	[X] Check # 110 [ ] 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
Misc *	Set up texting Campaign Verify

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:
Blue	Edge	Strategies	05/15/2026	[X] Check # 110 [ ] 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	Additional Facebook 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			$100.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lucy for Connecticut	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:
Blue	Edge	Strategies	05/15/2026	[X] Check # 110 [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: Service Press

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

Purpose of Expenditure (by code)	Description
PRNT	Rally signs

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			$239.29

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		05/17/2026	[X] Check # 111 [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: Dunkin Donuts

Street Address of Vendor	City	State	Zip Code
443 Hartford Rd	Manchester	CT	06040

Purpose of Expenditure (by code)	Description
FOOD	Coffee/Donuts State Convention

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			$93.48

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lucy for Connecticut	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:
Dathan	Lucy		05/19/2026	[X] Check # 114 [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: New Canaan Butcher Shop

Street Address of Vendor	City	State	Zip Code
12 Burtis Ave	New Canaan	CT	06840

Purpose of Expenditure (by code)	Description
FOOD	Lunch for Campaign Team

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			$99.26

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Dathan	Lucy		05/30/2026	[X] Check # 117 [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: Zoom

Street Address of Vendor	City	State	Zip Code
55 Almaden Blvd	San Jose	CA	95113

Purpose of Expenditure (by code)	Description
Misc *	June monthly fee for Zoom subscription

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			$18.07

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lucy for Connecticut	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:
Hannich	Lisa		05/31/2026	[X] Check # 113 [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: Stickermule

Street Address of Vendor	City	State	Zip Code
336 Forest Ave	Amsterdam	NY	12010

Purpose of Expenditure (by code)	Description
Misc *	Swag magnets, round buttons, circle stickers

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			$171.22

Total of Section R	**$2,682.87**

IV. EXPENDITURES (Sectuibs N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lucy for Connecticut	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