

SEEC FORM 30

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



Electronic Filing

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Page 1 of 194

COVER PAGE

1. NAME OF COMMITTEE				2. TYPE OF COMMITTEE	
Erick Russell for State Treasurer 26				☒ Candidate Committee ☐ Exploratory Committee	
3. TREASURER NAME					
First	MI	Last		Suffix	
Thomas	J	Gaudett			
4. TREASURER ADDRESS					
Street Address	City	State	Zip Code		
1705 Capitol Ave	Bridgeport	CT	06604		
5. ELECTION DATE	6. OFFICE SOUGHT (Complete only if Candidate Committee)			7. DISTRICT NUMBER (if applicable)	
11/03/2026	State Treasurer				
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First	MI	Last		Suffix	
Erick	A	Russell			
9. TYPE OF REPORT					
July 10 Filing - Original					
10. PERIOD COVERED					
Beginning Date Ending Date					
04/01/2026 thru 06/30/2026					
11. CERTIFICATION					
☒ I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.					
Electronic Filing		Thomas Gaudett		07/11/2026 11:38:47AM	
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	
Erick Russell for State Treasurer 26	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	\$30,374.76	
14. Contributions received from Individuals (Section A and B)	\$63,947.70	\$95,342.09
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
16. Other Monetary Receipts (Section D through I)	\$0.00	\$0.00
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	\$0.00	\$0.00
18. Total Monetary Receipts (add totals for lines 14 through 17)	\$63,947.70	\$95,342.09
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$94,322.46	\$95,342.09
20. Expenses Paid by Committee (Section N)	\$44,726.24	\$45,745.87
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns)	\$49,596.22	\$49,596.22
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)	\$8,991.99	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	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 Weber		First Mary		MI	Contribution ID # 0346
Residential Street Address 5 Slaughter House Rd		City New Preston		State CT	Zip Code 06777-1816
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/01/2026	Aggregate Contributions \$30.00	\$30.00

Last Name Wyman		First Nancy		MI S	Contribution ID # 0457
Residential Street Address 18 Amelia Ln		City Tolland		State CT	Zip Code 06084-2172
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/01/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Van Buren		First Tyler		MI	Contribution ID # 0437
Residential Street Address 49 Red Hill Dr		City Glastonbury		State CT	Zip Code 06033-3128
Principal Occupation Communications		Name of Employer Van Buren Media LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/01/2026	Aggregate Contributions \$340.00	\$340.00

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT

Erick Russell for State Treasurer 26

July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Van Buren		First Lindsay		MI	Contribution ID # 0619
Residential Street Address 49 Red Hill Dr		City Glastonbury		State CT	Zip Code 06033-3128
Principal Occupation Executive Assistant		Name of Employer State of Connecticut			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/01/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Thomas		First Lisa		MI D	Contribution ID # 0295
Residential Street Address 255 Geraldine Dr		City Coventry		State CT	Zip Code 06238-1331
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/02/2026	Aggregate Contributions \$60.00	\$30.00

Last Name Kennedy		First Edward		MI	Contribution ID # 0620
Residential Street Address 17 Juniper Point Rd		City Branford		State CT	Zip Code 06405-5631
Principal Occupation Attorney		Name of Employer Epstein Becker Green			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/06/2026	Aggregate Contributions \$250.00	\$250.00

Last Name Dietch		First Jody		MI L	Contribution ID # 0296
Residential Street Address 601 Harborview Rd		City Orange		State CT	Zip Code 06477-2031
Principal Occupation Exec Director		Name of Employer Congregation Beth El			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/08/2026	Aggregate Contributions \$40.00	\$40.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Pagliaro		First Karen		MI A	Contribution ID # 0352
Residential Street Address 221 Stillmeadow Ln		City Kensington		State CT	Zip Code 06037-3581
Principal Occupation RN		Name of Employer HHC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/08/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Holmes		First Grayson		MI 	Contribution ID # 0621
Residential Street Address 107 Webster Park Rd		City Southington		State CT	Zip Code 06489-4147
Principal Occupation Attorney		Name of Employer Holmes Law LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/09/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Bachrach		First Jaime		MI 	Contribution ID # 0622
Residential Street Address 42 Flat Rocks Rd		City Warren		State CT	Zip Code 06754-1323
Principal Occupation Attorney		Name of Employer TWT Vintners Connecticut LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/14/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Kaiko		First Jackie		MI 	Contribution ID # 0517
Residential Street Address 310 Halliwell Dr		City Stamford		State CT	Zip Code 06902-2018
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/14/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Rader		First Maira		MI M	Contribution ID # 0403
Residential Street Address 72 Decatur Ave		City Guilford		State CT	Zip Code 06437-3506
Principal Occupation State legislator		Name of Employer State of Connecticut			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/16/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Lyddy		First Amy		MI 	Contribution ID # 0524
Residential Street Address 126 Head of Meadow Rd		City Newtown		State CT	Zip Code 06470-1759
Principal Occupation AD HUMAN PHARMA OPERATIONS		Name of Employer Boehringer ingelheim			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/16/2026	Aggregate Contributions \$200.00	\$200.00

Last Name Moonan		First Patricia		MI M	Contribution ID # 0428
Residential Street Address 100 Parrott Dr Unit 1704		City Shelton		State CT	Zip Code 06484-4782
Principal Occupation Marriage and Family Therapist		Name of Employer Complete Counseling Group			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/16/2026	Aggregate Contributions \$60.00	\$60.00

Last Name Kavros DeGraw		First Eleni		MI 	Contribution ID # 0407
Residential Street Address 112 Westland Rd		City Avon		State CT	Zip Code 06001-2349
Principal Occupation State Representative		Name of Employer State of Ct			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/16/2026	Aggregate Contributions \$200.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Brown		First Michael		MI V	Contribution ID # 0474
Residential Street Address 78 Olive St Apt 519		City New Haven		State CT	Zip Code 06511-6983
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/16/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Mushinsky		First Mary		MI CT	Contribution ID # 0468
Residential Street Address 188 S Cherry St		City Wallingford		State CT	Zip Code 06492-4016
Principal Occupation Legislator		Name of Employer State of Connecticut			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/16/2026	Aggregate Contributions \$40.00	\$25.00

Last Name Wenograd		First Ben		MI CT	Contribution ID # 0574
Residential Street Address 39 Lilley Rd		City West Hartford		State CT	Zip Code 06119-1334
Principal Occupation Union Representative		Name of Employer AFT Connecticut			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/16/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Stirna		First Annie		MI K	Contribution ID # 0350
Residential Street Address 86 Bar Gate Trl		City Killingworth		State CT	Zip Code 06419-1381
Principal Occupation Accountant		Name of Employer Stirna Business Services			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/16/2026	Aggregate Contributions \$10.00	\$10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Holtgrewe		First Burdette		MI W	Contribution ID # 0362
Residential Street Address 27 Huntington St Apt 1		City Manchester		State CT	Zip Code 06040-4235
Principal Occupation Consultant		Name of Employer Blue Edge Strategies			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/16/2026	Aggregate Contributions \$105.00	\$5.00

Last Name Weeks		First Denise		MI M	Contribution ID # 0383
Residential Street Address 334 Hollister Way W		City Glastonbury		State CT	Zip Code 06033-3122
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/16/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Donovan		First Gary		MI	Contribution ID # 0374
Residential Street Address 26 Alling Street Ext		City West Haven		State CT	Zip Code 06516-2801
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/16/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Meskers		First Steve		MI	Contribution ID # 0377
Residential Street Address 18 Lockwood Ave		City Old Greenwich		State CT	Zip Code 06870-1719
Principal Occupation State representative		Name of Employer State of Connecticut			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/16/2026	Aggregate Contributions \$30.00	\$30.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Keyes		First Elizabeth		MI	Contribution ID # 0345
Residential Street Address 119 Dix Rd		City Wethersfield		State CT	Zip Code 06109-2954
Principal Occupation Attorney		Name of Employer State of CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/16/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Hogan		First Gary		MI	Contribution ID # 0332
Residential Street Address 195 Bellevue Rd		City New Haven		State CT	Zip Code 06511-1615
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/16/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Frampton		First LeReine		MI M	Contribution ID # 0330
Residential Street Address 6 Pebble Rd		City Newtown		State CT	Zip Code 06470-2230
Principal Occupation Registrar of voters		Name of Employer Town of newtown			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/16/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Honig		First Paul		MI S	Contribution ID # 0294
Residential Street Address 71 Town Line Rd		City Harwinton		State CT	Zip Code 06791-1517
Principal Occupation State Senator		Name of Employer State of Connecticut			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/16/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Lambert		First Tom		MI	Contribution ID # 0389
Residential Street Address 729 Burroughs Rd		City Fairfield		State CT	Zip Code 06825-3609
Principal Occupation Attorney		Name of Employer Pullman & Comley LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/16/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Fernand		First Lori		MI P	Contribution ID # 0393
Residential Street Address 15 Camille Ln		City West Simsbury		State CT	Zip Code 06092-2403
Principal Occupation Director of Outreach and Special Projects		Name of Employer Office of the Attorney General			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/16/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Gold		First Lindy Lee		MI	Contribution ID # 0623
Residential Street Address 360 Fountain St Apt 13		City New Haven		State CT	Zip Code 06515-2610
Principal Occupation Economic Developmenr		Name of Employer State of CT DECD			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/16/2026	Aggregate Contributions \$36.00	\$36.00

Last Name Quinn		First Joe		MI P	Contribution ID # 0628
Residential Street Address 22 Howland Rd		City West Hartford		State CT	Zip Code 06107-3113
Principal Occupation Lawyer		Name of Employer State of CT, OLM, Senate Democrats			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/16/2026	Aggregate Contributions \$30.00	\$30.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Lopez		First Johan		MI	Contribution ID # 0627
Residential Street Address 41 Fairfield Ter # D		City Norwalk		State CT	Zip Code 06851-2717
Principal Occupation Analyst		Name of Employer 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	
Is this contribution associated with an 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 \$5.00	\$5.00

Last Name Pierz		First William		MI H	Contribution ID # 0626
Residential Street Address 1 Island Dr		City Norwalk		State CT	Zip Code 06855-2717
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/16/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Martin-Lopez		First Eduardo		MI	Contribution ID # 0625
Residential Street Address 558 Whitney Ave Apt 9		City New Haven		State CT	Zip Code 06511-2229
Principal Occupation Scientist		Name of Employer Yale			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/16/2026	Aggregate Contributions \$200.00	\$200.00

Last Name Dellinger		First Richard		MI	Contribution ID # 0618
Residential Street Address 45 Purdy Rd E		City Norwalk		State CT	Zip Code 06850-1526
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/16/2026	Aggregate Contributions \$10.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Shannahan		First Michael		MI	Contribution ID # 0614
Residential Street Address 36 Trout Brook Ter		City West Hartford		State CT	Zip Code 06119-2226
Principal Occupation Mktg Mgr		Name of Employer Henkel			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/16/2026	Aggregate Contributions \$55.00	\$30.00

Last Name Douglas		First Damani		MI	Contribution ID # 0611
Residential Street Address 20 Still Ln		City West Hartford		State CT	Zip Code 06117-1214
Principal Occupation Project manager		Name of Employer Ghp media			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/16/2026	Aggregate Contributions \$30.00	\$25.00

Last Name Aina		First Ola		MI	Contribution ID # 0606
Residential Street Address 10 Latimer Ln		City Bloomfield		State CT	Zip Code 06002-1826
Principal Occupation ERP Consultant		Name of Employer interNESS			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/16/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Bergenn		First James		MI	Contribution ID # 0609
Residential Street Address 50 Castlewood Rd		City West Hartford		State CT	Zip Code 06107-2903
Principal Occupation Attorney		Name of Employer Shipman & Goodwin LLP			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/16/2026	Aggregate Contributions \$55.00	\$30.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name camp		First richard		MI	Contribution ID # 0608
Residential Street Address 25 Hobart St		City New Haven		State CT	Zip Code 06511-4030
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/16/2026	Aggregate Contributions \$30.00	\$5.00

Last Name DeFilippo		First Kara		MI L	Contribution ID # 0566
Residential Street Address 55 Damson Ln		City Naugatuck		State CT	Zip Code 06770-2509
Principal Occupation Teacher		Name of Employer Bridgeport Board of education			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/16/2026	Aggregate Contributions \$30.00	\$30.00

Last Name Wood		First Craig		MI	Contribution ID # 0562
Residential Street Address 51 Erdmann Ln		City Wilton		State CT	Zip Code 06897-4612
Principal Occupation Real Estate Agent		Name of Employer William Pitt Sothebys Intrnational Realty			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/16/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Buckley		First Raymond		MI	Contribution ID # 0560
Residential Street Address 700 S Porter St Apt 9		City Manchester		State NH	Zip Code 03103-3195
Principal Occupation Chair		Name of Employer NH Democratic Party			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/16/2026	Aggregate Contributions \$105.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Pearson		First Patricia		MI	Contribution ID # 0641
Residential Street Address 281 Bittersweet Rd		City Orange		State CT	Zip Code 06477-2001
Principal Occupation Insurance agent		Name of Employer Trish Pearson Insurance Services llc			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/16/2026	Aggregate Contributions \$60.00	\$60.00

Last Name Mushak		First Mike		MI G	Contribution ID # 0640
Residential Street Address 50 Elmwood Ave		City Norwalk		State CT	Zip Code 06854-2823
Principal Occupation Landscape Architect		Name of Employer Tuliptree Site 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	
Is this contribution associated with an 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 \$100.00	\$100.00

Last Name Sullivan		First Raymond		MI	Contribution ID # 0639
Residential Street Address 240 Maple Oak Dr		City Stratford		State CT	Zip Code 06614-1469
Principal Occupation Retired architect		Name of Employer Sullivan Architectural Group			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/16/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Gogliettino		First John		MI C	Contribution ID # 0638
Residential Street Address 129 Lake Pl S		City Danbury		State CT	Zip Code 06810-7260
Principal Occupation Constable. city of Danbury		Name of Employer 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/16/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Mioli		First Joseph		MI WA	Contribution ID # 0637
Residential Street Address 10320 12th Pl SE		City Lake Stevens		State WA	Zip Code 98258-9429
Principal Occupation Retired former CT State Representative		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/16/2026	Aggregate Contributions \$250.00	\$250.00

Last Name Brady		First Robert		MI K	Contribution ID # 0636
Residential Street Address 16 Terrace Ave		City Riverside		State CT	Zip Code 06878-2124
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/16/2026	Aggregate Contributions \$60.00	\$60.00

Last Name Friedman		First Scott		MI CT	Contribution ID # 0635
Residential Street Address 17 Cooper Rd		City North Haven		State CT	Zip Code 06473-3001
Principal Occupation Data Analyst		Name of Employer Sxorr D Friedman Consulting LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/16/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Barnes		First Ben		MI CT	Contribution ID # 0634
Residential Street Address 28 Brightwood Ave		City Stratford		State CT	Zip Code 06614-4110
Principal Occupation Chief of Staff		Name of Employer Rippowam Corporation			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/16/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Spinato		First Kathy		MI A	Contribution ID # 0633
Residential Street Address 44 S Cherry St Apt 401		City Wallingford		State CT	Zip Code 06492-3585
Principal Occupation Data Integrity Technician II		Name of Employer Yale New Haven Health Corporation			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/16/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Gresko		First Joseph		MI P	Contribution ID # 0632
Residential Street Address 284 Mary Ave		City Stratford		State CT	Zip Code 06614-5327
Principal Occupation State Representative		Name of Employer State of Connecticut			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/16/2026	Aggregate Contributions \$30.00	\$30.00

Last Name Zahorsky		First Emily		MI 	Contribution ID # 0630
Residential Street Address 556 W McKinley Ave		City Bridgeport		State CT	Zip Code 06604-1632
Principal Occupation City of Bridgeport		Name of Employer None			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/16/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Weaver		First Belinda		MI D	Contribution ID # 0684
Residential Street Address 224 Walnut St		City Waterbury		State CT	Zip Code 06704-4003
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/16/2026	Aggregate Contributions \$55.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Underwood		First Janis		MI E	Contribution ID # 0796
Residential Street Address 73 Woodside Ter		City New Haven		State CT	Zip Code 06515-2020
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/16/2026	Aggregate Contributions \$75.00	\$25.00

Last Name GARTNER		First ANDREA		MI 	Contribution ID # 0644
Residential Street Address 112 Deer Hill Ave		City Danbury		State CT	Zip Code 06810-7939
Principal Occupation Executive Director		Name of Employer Friends of the Norwalk River Valley Trail, Inc.			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/17/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Strawter-Anthony		First Sheena		MI 	Contribution ID # 0643
Residential Street Address 748 Quinnipiac Ave		City New Haven		State CT	Zip Code 06513-3301
Principal Occupation Director		Name of Employer William Caspar Graustein Memorial Fund			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/17/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Benham		First Rich		MI 	Contribution ID # 0647
Residential Street Address 41 S Main St		City Wallingford		State CT	Zip Code 06492-4201
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/17/2026	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Pizzano		First Ronald		MI	Contribution ID # 0646
Residential Street Address 10 Quarry Farms		City Meriden		State CT	Zip Code 06451-2085
Principal Occupation Hairstylist		Name of Employer Amici Salon			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/17/2026	Aggregate Contributions \$60.00	\$60.00

Last Name Cavanagh		First Kevin		MI J	Contribution ID # 0702
Residential Street Address 14 Greenway Rd		City New London		State CT	Zip Code 06320-2909
Principal Occupation Tetired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/17/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Hoey		First Matt		MI T	Contribution ID # 0360
Residential Street Address 32 Seaview Ter		City Guilford		State CT	Zip Code 06437-3426
Principal Occupation Elected Official		Name of Employer Town of Guilford			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/17/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Fernandez		First Alfredo		MI	Contribution ID # 0589
Residential Street Address 147 Whitman Ave		City West Hartford		State CT	Zip Code 06107-1756
Principal Occupation Attorney		Name of Employer Alfredo Fernandez			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/17/2026	Aggregate Contributions \$10.00	\$10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Armstrong		First Alex		MI	Contribution ID # 0380
Residential Street Address 68 Clark Hill Rd		City Milford		State CT	Zip Code 06460-6700
Principal Occupation Vice President		Name of Employer Mighty Earth			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/18/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Peterson-Obuchowski		First Elsa		MI	Contribution ID # 0452
Residential Street Address 41 East Ave		City Norwalk		State CT	Zip Code 06851-3919
Principal Occupation editor-writer		Name of Employer 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	
Is this contribution associated with an 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	\$20.00

Last Name Seagull		First Michelle		MI	Contribution ID # 0649
Residential Street Address 310 Founders Rd		City Glastonbury		State CT	Zip Code 06033-3210
Principal Occupation Assistant Treasurer		Name of Employer State of Connecticut - Office of the Treasurer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/18/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Cope		First Eric		MI	Contribution ID # 0648
Residential Street Address 221 Stillmeadow Ln		City Berlin		State CT	Zip Code 06037-3581
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/18/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Hayes		First Shiela		MI S	Contribution ID # 0355
Residential Street Address 382 Laurel Hill Ave Apt 30		City Norwich		State CT	Zip Code 06360-6921
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/19/2026	Aggregate Contributions \$60.00	\$60.00

Last Name Ortiz		First Veronica		MI L	Contribution ID # 0507
Residential Street Address 88 Raleigh Rd		City Bridgeport		State CT	Zip Code 06606-1037
Principal Occupation Mayor's Aide		Name of Employer City of Bridgeport			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/19/2026	Aggregate Contributions \$250.00	\$250.00

Last Name Westmoreland		First David		MI G	Contribution ID # 0440
Residential Street Address 50 Elmwood Ave		City Norwalk		State CT	Zip Code 06854-2823
Principal Occupation Landscape Architect		Name of Employer Tuliptree Site 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	
Is this contribution associated with an 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 \$60.00	\$60.00

Last Name Harris		First Tabitha		MI L	Contribution ID # 0481
Residential Street Address 118 Clayton Rd		City East Hartford		State CT	Zip Code 06118-2709
Principal Occupation Aprn		Name of Employer Hartford Healthcare			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/22/2026	Aggregate Contributions \$50.26	\$50.26

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Labella		First Lisa		MI F	Contribution ID # 0291
Residential Street Address 220 Woodlawn Dr		City Seymour		State CT	Zip Code 06483-2469
Principal Occupation Paralegal		Name of Employer Self employed, no business name so use Lisa Labell			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/24/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Bhatia		First Swarnjit		MI S	Contribution ID # 0650
Residential Street Address 162 Scotland Rd		City Norwich		State CT	Zip Code 06360-1672
Principal Occupation Investor		Name of Employer American property group llc			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/24/2026	Aggregate Contributions \$250.00	\$250.00

Last Name Fournier		First Brian		MI C	Contribution ID # 0600
Residential Street Address 21 Rainbow Rd		City Bethany		State CT	Zip Code 06524-3145
Principal Occupation Attorney		Name of Employer Fournier law firm			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/25/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Mocciolo		First Adam		MI	Contribution ID # 0494
Residential Street Address 34 Gorham Rd		City Fairfield		State CT	Zip Code 06824-6306
Principal Occupation Attorney		Name of Employer Akerman LLP			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/26/2026	Aggregate Contributions \$340.00	\$340.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Paulson		First Lorie		MI N	Contribution ID # 0398
Residential Street Address 6 Turtleback Rd		City Wilton		State CT	Zip Code 06897-1223
Principal Occupation Psychologist		Name of Employer Lorie's Private Practice			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/26/2026	Aggregate Contributions \$375.00	\$250.00

Last Name Lesser		First Stanton		MI H	Contribution ID # 0466
Residential Street Address 85 Split Rock Rd # 219		City Southport		State CT	Zip Code 06890-1266
Principal Occupation Attorney		Name of Employer Stanton Lesser			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/26/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Coley		First Dennis		MI	Contribution ID # 0652
Residential Street Address 2 Downing Cir		City Bloomfield		State CT	Zip Code 06002-2029
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/26/2026	Aggregate Contributions \$30.00	\$30.00

Last Name McGee		First Brandon		MI	Contribution ID # 0651
Residential Street Address 43 Warren St		City Hartford		State CT	Zip Code 06120-2117
Principal Occupation Administrator		Name of Employer State of Connecticut			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/26/2026	Aggregate Contributions \$50.06	\$50.06

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Crumbie		First Andrew		MI	Contribution ID # 0536
Residential Street Address 650 Farmington Ave		City Hartford		State CT	Zip Code 06105-2906
Principal Occupation Lawyer		Name of Employer Crumbie Law Group LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/26/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Keyes		First John		MI	Contribution ID # 0656
Residential Street Address 63 Marvel Rd		City New Haven		State CT	Zip Code 06515-2117
Principal Occupation Attorney		Name of Employer Self Employed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/27/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Joyner		First Edward		MI	Contribution ID # 0655
Residential Street Address 130 Judwin Ave		City New Haven		State CT	Zip Code 06515-2317
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/27/2026	Aggregate Contributions \$250.00	\$250.00

Last Name Hill		First Howard		MI	Contribution ID # 0654
Residential Street Address 1287 Chapel St		City New Haven		State CT	Zip Code 06511-4514
Principal Occupation Self Employed		Name of Employer Self Employed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/27/2026	Aggregate Contributions \$340.00	\$340.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name McSporran		First Katie		MI	Contribution ID # 0653
Residential Street Address 132 Range Rd		City Wilton		State CT	Zip Code 06897-3921
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/27/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Russell		First Karin		MI H	Contribution ID # 0602
Residential Street Address 52 Fenwick St		City West Haven		State CT	Zip Code 06516-1120
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/27/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Maher		First Ceci		MI	Contribution ID # 0325
Residential Street Address 47 Sturges Ridge Rd		City Wilton		State CT	Zip Code 06897-3230
Principal Occupation Legislator		Name of Employer CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/27/2026	Aggregate Contributions \$30.00	\$30.00

Last Name Williams		First Carrissa		MI	Contribution ID # 0496
Residential Street Address 89 Bretton Rd		City Middletown		State CT	Zip Code 06457-4111
Principal Occupation Psychologist		Name of Employer Small Victories Wellness Services			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/27/2026	Aggregate Contributions \$60.00	\$60.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Russell		First Harold		MI D	Contribution ID # 0601
Residential Street Address 52 Fenwick St		City West Haven		State CT	Zip Code 06516-1120
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/27/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Jepsen		First George		MI C	Contribution ID # 0593
Residential Street Address 995 Prospect Ave		City West Hartford		State CT	Zip Code 06105-1101
Principal Occupation Lawyer		Name of Employer George Jepsen & Assocs			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/28/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Cates		First Sara		MI	Contribution ID # 0657
Residential Street Address 382 Yale Ave		City New Haven		State CT	Zip Code 06515-2233
Principal Occupation Attorney		Name of Employer Quinnipiac University School of Law			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/28/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Quinones		First Agnes		MI	Contribution ID # 0667
Residential Street Address 12 Lilli Ln		City Meriden		State CT	Zip Code 06450-1907
Principal Occupation Program Manager		Name of Employer CT State Department of Education			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/29/2026	Aggregate Contributions \$30.00	\$30.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Lyddy		First Peter		MI D	Contribution ID # 0666
Residential Street Address 2610 Espanola Ave		City Sarasota		State FL	Zip Code 34239-4919
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/29/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Mancini		First Bryan		MI CT	Contribution ID # 0665
Residential Street Address 47 Tumblebrook Rd		City Milford		State CT	Zip Code 06461-2224
Principal Occupation Operations Specialist		Name of Employer SiteOne Landscape Supplies, LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/29/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Collins Main		First Eilish		MI C	Contribution ID # 0664
Residential Street Address 8 Whittaker St		City Stamford		State CT	Zip Code 06902-7814
Principal Occupation State Representative		Name of Employer CT 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	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/29/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Hirsch		First Carmina		MI K	Contribution ID # 0663
Residential Street Address 484 Burnt Plains Rd		City Milford		State CT	Zip Code 06461-2252
Principal Occupation Attorney		Name of Employer Hirsch Legal, LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/29/2026	Aggregate Contributions \$18.00	\$18.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Heimer		First Win		MI H	Contribution ID # 0662
Residential Street Address 799 Prospect Ave Apt A2		City West Hartford		State CT	Zip Code 06105-4249
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/29/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Malec		First Kurt		MI CT	Contribution ID # 0661
Residential Street Address 75 Westerly Ter		City Hartford		State CT	Zip Code 06105-1116
Principal Occupation Business Owner		Name of Employer United Gear & Machine			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/29/2026	Aggregate Contributions \$250.00	\$250.00

Last Name Serrano Adorno		First Melissa		MI CT	Contribution ID # 0660
Residential Street Address 228 Fanning St		City Waterbury		State CT	Zip Code 06704-2244
Principal Occupation Public Health Assistant		Name of Employer Wtby Health Dept			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/29/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Vargo		First Christopher		MI CT	Contribution ID # 0659
Residential Street Address 31 Hilltop Ln		City West Haven		State CT	Zip Code 06516-4809
Principal Occupation Greene Law PC		Name of Employer Paralegal			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/29/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Goldenberg		First Thomas		MI	Contribution ID # 0658
Residential Street Address 324 Nicoll St		City New Haven		State CT	Zip Code 06511-2643
Principal Occupation Self employed, CEO		Name of Employer Victory Waves Co			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/29/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Sullivan		First Dylan		MI	Contribution ID # 0570
Residential Street Address 10 E Jones St		City Savannah		State GA	Zip Code 31401-4515
Principal Occupation Designer		Name of Employer Sean anderson 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	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/29/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Dranginis		First Anne		MI C	Contribution ID # 0671
Residential Street Address 408 Hunter Dr		City Litchfield		State CT	Zip Code 06759-2834
Principal Occupation Attorney		Name of Employer MunroDranginis PLLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/29/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Russell		First Cynthia		MI	Contribution ID # 0670
Residential Street Address 1374 Rock Rimmon Rd		City Stamford		State CT	Zip Code 06903-1104
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/29/2026	Aggregate Contributions \$340.00	\$340.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Yeager		First Candy		MI	Contribution ID # 0669
Residential Street Address 19 Sea Beach Dr		City Stamford		State CT	Zip Code 06902-8125
Principal Occupation N/a		Name of Employer Homemaker			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/29/2026	Aggregate Contributions \$30.00	\$30.00

Last Name O'Shea		First Stephanie		MI	Contribution ID # 0668
Residential Street Address 9 Norman Rd		City Stamford		State CT	Zip Code 06906-1118
Principal Occupation National Accounts Manager		Name of Employer Simon & Schuster			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/29/2026	Aggregate Contributions \$30.00	\$30.00

Last Name Rosenberg		First Aaron		MI	Contribution ID # 0587
Residential Street Address 108 A Inman St Unit 1		City Cambridge		State MA	Zip Code 02139-1206
Principal Occupation Attorney		Name of Employer Sheehan Phinney Bass & Green, PA			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/29/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Criscuolo		First John		MI M	Contribution ID # 0594
Residential Street Address 111 Angela Dr		City East Haven		State CT	Zip Code 06512-1027
Principal Occupation Labor Relations Rep		Name of Employer Yale University			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/29/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Washington		First Dwight		MI	Contribution ID # 0502
Residential Street Address 4 Bear Ridge Dr		City Bloomfield		State CT	Zip Code 06002-1108
Principal Occupation Law Enforcement		Name of Employer USDOT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/29/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Toney		First Penny		MI	Contribution ID # 0419
Residential Street Address 962 Winchester Ave		City Hamden		State CT	Zip Code 06517-3230
Principal Occupation Administrator		Name of Employer PSC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/29/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Malloy		First Chris		MI	Contribution ID # 0318
Residential Street Address 79 Ocean Dr E		City Stamford		State CT	Zip Code 06902-8116
Principal Occupation Builder		Name of Employer Stamford Building company LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/29/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Frate		First Corey		MI W	Contribution ID # 0395
Residential Street Address 47 Hecker Ave		City Darien		State CT	Zip Code 06820-5308
Principal Occupation Executive Assistant		Name of Employer 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	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/29/2026	Aggregate Contributions \$26.00	\$26.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Healy		First James		MI J	Contribution ID # 0392
Residential Street Address 102 Griswold Dr		City West Hartford		State CT	Zip Code 06119-1146
Principal Occupation Attorney		Name of Employer Cowdery, Murphy & Healy, LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/29/2026	Aggregate Contributions \$250.00	\$250.00

Last Name Kruh		First Brendan		MI 	Contribution ID # 0339
Residential Street Address 586 Main St		City Cromwell		State CT	Zip Code 06416-1435
Principal Occupation Unemployed		Name of Employer Unemployed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/29/2026	Aggregate Contributions \$20.00	\$20.00

Last Name mackstutis		First wendy		MI G	Contribution ID # 0463
Residential Street Address 16 Hunting Ridge Dr		City Simsbury		State CT	Zip Code 06070-1807
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/29/2026	Aggregate Contributions \$30.00	\$30.00

Last Name Blondin		First Audrey		MI 	Contribution ID # 0368
Residential Street Address 379 Prospect St		City Torrington		State CT	Zip Code 06790-5238
Principal Occupation Attorney		Name of Employer Blondin Law Office LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/29/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Lopes		First Rick		MI P	Contribution ID # 0365
Residential Street Address 208 S Mountain Dr		City New Britain		State CT	Zip Code 06052-1514
Principal Occupation Legislator		Name of Employer State of ct			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$60.00	\$60.00

Last Name Kovach		First Steven		MI M	Contribution ID # 0376
Residential Street Address 259 Pearl St Apt 3		City Middletown		State CT	Zip Code 06457-2796
Principal Occupation Chief of Staff		Name of Employer City of Middletown			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Sparer		First Judith		MI	Contribution ID # 0370
Residential Street Address 101 Harrison St		City New Haven		State CT	Zip Code 06515-1724
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Weber		First Mary		MI	Contribution ID # 0347
Residential Street Address 5 Slaughter House Rd		City New Preston		State CT	Zip Code 06777-1816
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$60.00	\$30.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Becker		First William		MI R	Contribution ID # 0361
Residential Street Address 574 Bebbington Rd		City Ashford		State CT	Zip Code 06278-1609
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Stein		First David		MI S	Contribution ID # 0343
Residential Street Address 83 Boulder Brook Dr		City Stamford		State CT	Zip Code 06903-3231
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Shapiro		First Joseph		MI C	Contribution ID # 0443
Residential Street Address 73 Blackman Rd		City Ridgefield		State CT	Zip Code 06877-4203
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Scordato		First Joseph		MI	Contribution ID # 0301
Residential Street Address 80 Maple Ave S		City Westport		State CT	Zip Code 06880-6338
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Anderson		First Chris		MI	Contribution ID # 0300
Residential Street Address 38 Forest St		City New Britain		State CT	Zip Code 06052-1425
Principal Occupation Accountant		Name of Employer City of New Britain			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Monks		First Kevin		MI G	Contribution ID # 0337
Residential Street Address 200 Holland Rd		City Bridgeport		State CT	Zip Code 06610-1041
Principal Occupation painter		Name of Employer city of bridgeport			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$10.00	\$10.00

Last Name bourne		First christine		MI B	Contribution ID # 0394
Residential Street Address 17 Red Orange Rd		City Middletown		State CT	Zip Code 06457-4916
Principal Occupation Business Manager		Name of Employer East Haddam Public Schools			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$60.00	\$60.00

Last Name Paterna		First Andrew		MI A	Contribution ID # 0400
Residential Street Address 301 Strawberry Ln		City South Windsor		State CT	Zip Code 06074-2092
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$220.00	\$60.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Guralnick		First Steven		MI G	Contribution ID # 0317
Residential Street Address 47 Mustang Dr		City Shelton		State CT	Zip Code 06484-5420
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Skretta		First Arnold		MI F	Contribution ID # 0312
Residential Street Address 313 S Union St		City Guilford		State CT	Zip Code 06437-2824
Principal Occupation Attorney		Name of Employer CT Compliance and Law Services LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Sweet		First Laurie		MI	Contribution ID # 0324
Residential Street Address 4 Prospect Ct		City Hamden		State CT	Zip Code 06517-4024
Principal Occupation State Rep		Name of Employer State of CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$30.00	\$30.00

Last Name Coyle		First Rosemary		MI	Contribution ID # 0323
Residential Street Address 23 Deer Run Dr		City Colchester		State CT	Zip Code 06415-1806
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$20.00	\$20.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Tucker		First Kathy		MI E	Contribution ID # 0425
Residential Street Address 156 Peabody St		City West Haven		State CT	Zip Code 06516-2531
Principal Occupation Nurse Practitioner		Name of Employer City Of New Haven			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Kaiko		First Jackie		MI	Contribution ID # 0518
Residential Street Address 310 Halliwell Dr		City Stamford		State CT	Zip Code 06902-2018
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$200.00	\$100.00

Last Name Henderson		First Christopher		MI	Contribution ID # 0512
Residential Street Address 69 Johnson Pond Ln		City Westbrook		State CT	Zip Code 06498-3526
Principal Occupation Attorney		Name of Employer Howd & Ludorf			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$110.00	\$50.00

Last Name Bussett		First Nicholas		MI	Contribution ID # 0516
Residential Street Address 236 Peat Meadow Rd		City New Haven		State CT	Zip Code 06513-4661
Principal Occupation Development		Name of Employer Shubert Theatre			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Ferzola		First Robert		MI	Contribution ID # 0514
Residential Street Address 20 Helen St		City Centereach		State NY	Zip Code 11720-3868
Principal Occupation Office Administrator / Manager		Name of Employer EXIT Realty Island Elite			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$30.00	\$30.00

Last Name Cavallaro		First Brian		MI	Contribution ID # 0522
Residential Street Address 189 Smith St		City Derby		State CT	Zip Code 06418-1244
Principal Occupation Senior Service Tech		Name of Employer CooperSurgical			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$100.00	\$100.00

Last Name McDonald		First Cynthia		MI J	Contribution ID # 0520
Residential Street Address 1894 Cross Hwy		City Fairfield		State CT	Zip Code 06824-1707
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Buckley		First Susan		MI	Contribution ID # 0526
Residential Street Address 17 Dogwood Dr		City Ridgefield		State CT	Zip Code 06877-2707
Principal Occupation Homemaker		Name of Employer Not Employed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$30.00	\$30.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Suggs-Alston		First Felicia		MI	Contribution ID # 0531
Residential Street Address 21 Linvale Ln		City Bridgewater		State NJ	Zip Code 08807-2351
Principal Occupation Manager		Name of Employer Takeda			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$250.00	\$250.00

Last Name Hartman		First David		MI	Contribution ID # 0530
Residential Street Address 343 Alden Ave Apt 9		City New Haven		State CT	Zip Code 06515-2137
Principal Occupation Congressional Aid - Security		Name of Employer US House of Representatives			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$200.00	\$200.00

Last Name Ponsness		First Matthew		MI	Contribution ID # 0528
Residential Street Address 34 Westgate St		City West Hartford		State CT	Zip Code 06110-1867
Principal Occupation Engineer		Name of Employer WSP			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Thomas		First Alexandra		MI	Contribution ID # 0405
Residential Street Address 187 Aspetuck Ridge Rd		City New Milford		State CT	Zip Code 06776-5613
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Thomas		First Eric		MI D	Contribution ID # 0404
Residential Street Address 255 Geraldine Dr		City Coventry		State CT	Zip Code 06238-1331
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$20.00	\$20.00

Last Name JONES		First PAULA		MI M	Contribution ID # 0533
Residential Street Address 5 Bear Ridge Dr		City Bloomfield		State CT	Zip Code 06002-1107
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Garamella		First Donald		MI J	Contribution ID # 0501
Residential Street Address 2940 Redding Rd		City Fairfield		State CT	Zip Code 06824-1710
Principal Occupation Waste management		Name of Employer Westport Carting			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Thommen		First David		MI	Contribution ID # 0498
Residential Street Address 450 Lake Ave		City Bridgeport		State CT	Zip Code 06605-3517
Principal Occupation Realtor		Name of Employer William Pitt Sotheby's			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$75.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Needleman		First Norm		MI	Contribution ID # 0473
Residential Street Address 24 Book Hill Woods Rd		City Essex		State CT	Zip Code 06426-1331
Principal Occupation Executive		Name of Employer Tower labs ltd			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Brown		First Michael		MI V	Contribution ID # 0475
Residential Street Address 78 Olive St Apt 519		City New Haven		State CT	Zip Code 06511-6983
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$70.00	\$60.00

Last Name Holmes		First Leslie		MI	Contribution ID # 0477
Residential Street Address 25 Merwin Ln		City Wilton		State CT	Zip Code 06897-2504
Principal Occupation Retired		Name of Employer Retiredretired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Smalls		First Charon		MI	Contribution ID # 0586
Residential Street Address 15 April Way		City Bloomfield		State CT	Zip Code 06002-2805
Principal Occupation Social Worker		Name of Employer Crec			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$25.06	\$25.06

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name bobb		First Stephan		MI H	Contribution ID # 0584
Residential Street Address 55 Ellington St 55 Ellington St		City Hartford		State CT	Zip Code 06106
Principal Occupation Mental Health Assistant II		Name of Employer State of Connecticut			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Salmon		First Ricardo		MI	Contribution ID # 0583
Residential Street Address 44 Evans Xing		City South Windsor		State CT	Zip Code 06074-2201
Principal Occupation Attorney		Name of Employer Law Office of Ricardo A. Salmon LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Kukucka		First Jon		MI	Contribution ID # 0582
Residential Street Address 5 Blake Ave		City Clinton		State CT	Zip Code 06413-2334
Principal Occupation Attorney		Name of Employer Ruel Burns Feldman Kukucka & Britt LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Nelson		First Maggie		MI	Contribution ID # 0577
Residential Street Address 28 Stowe Ct		City Hamden		State CT	Zip Code 06514-1710
Principal Occupation Personal Trainer		Name of Employer Big Sky			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$30.00	\$30.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Cleary		First Frank		MI B	Contribution ID # 0592
Residential Street Address 81 Sycamore Ln		City Fairfield		State CT	Zip Code 06824-4971
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Martenson		First Lil		MI CT	Contribution ID # 0596
Residential Street Address 14 Clearview Dr		City Sandy Hook		State CT	Zip Code 06482-1334
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Kennedy		First Michael		MI CT	Contribution ID # 0683
Residential Street Address 17 Mallard Dr		City Greenwich		State CT	Zip Code 06830-6707
Principal Occupation Attorney		Name of Employer Self Employed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$200.00	\$200.00

Last Name Austin		First Liz		MI NY	Contribution ID # 0682
Residential Street Address 44 W 62nd St Apt 5C		City New York		State NY	Zip Code 10023-7009
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Abercrombie		First Catherine		MI F	Contribution ID # 0681
Residential Street Address 230 Westfort Dr		City Meriden		State CT	Zip Code 06451-3689
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Melvin		First Tara		MI H	Contribution ID # 0680
Residential Street Address 13 Coventry Way		City Guilford		State CT	Zip Code 06437-1671
Principal Occupation Sales/events		Name of Employer Watson Adventures LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$5.00	\$5.00

Last Name McCormack		First Nancy		MI M	Contribution ID # 0679
Residential Street Address 79 Laurel Hill Rd		City Branford		State CT	Zip Code 06405-2407
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Cohen		First David		MI	Contribution ID # 0678
Residential Street Address 55 Tokeneke Dr		City North Haven		State CT	Zip Code 06473-4348
Principal Occupation Attorney		Name of Employer Amphenol Corporation			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$340.00	\$340.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Mueller		First Sara		MI J	Contribution ID # 0677
Residential Street Address 29726 Vincent Village Dr		City Milton		State DE	Zip Code 19968-3812
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Tesoro		First Tom		MI S	Contribution ID # 0676
Residential Street Address 133 Beechwood Ave		City Trumbull		State CT	Zip Code 06611-1657
Principal Occupation Director HR		Name of Employer Town of Stratford Ct			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$250.00	\$250.00

Last Name Glidden		First David		MI 	Contribution ID # 0675
Residential Street Address 22 Hale Street Ext		City Vernon		State CT	Zip Code 06066-3751
Principal Occupation Executive Director		Name of Employer CSEA			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Giannini		First Duane		MI H	Contribution ID # 0674
Residential Street Address 6 Saw Mill Ridge Rd		City Newtown		State CT	Zip Code 06470-1402
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$300.00	\$300.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Kurian		First Kevin		MI J	Contribution ID # 0673
Residential Street Address 5 Laurie Joe Way		City Simsbury		State CT	Zip Code 06070-1327
Principal Occupation Student		Name of Employer Student			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #		Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$55.00
Amount of Contribution \$30.00					

Last Name Thiele		First Tiffany		MI V	Contribution ID # 0672
Residential Street Address 626 Gilead St		City Hebron		State CT	Zip Code 06248-1314
Principal Occupation Communications Director		Name of Employer CT Department of Revenue Services			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #		Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$20.00
Amount of Contribution \$20.00					

Last Name Grocki		First Paul		MI	Contribution ID # 0569
Residential Street Address 139 Winsted Rd		City Torrington		State CT	Zip Code 06790-2927
Principal Occupation Attorney		Name of Employer Law Offices of Paul A. Lange, 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	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #		Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$50.00
Amount of Contribution \$50.00					

Last Name BARTELS		First SHAWN		MI	Contribution ID # 0568
Residential Street Address 34 Westgate St		City West Hartford		State CT	Zip Code 06110-1867
Principal Occupation Manager		Name of Employer Disney			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #		Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$340.00
Amount of Contribution \$340.00					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Coyle		First George		MI J	Contribution ID # 0567
Residential Street Address 128 Sunset Hill Dr		City Branford		State CT	Zip Code 06405-6429
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Pierelli		First Nicholas		MI CT	Contribution ID # 0561
Residential Street Address 404 Village St		City Northford		State CT	Zip Code 06472-1305
Principal Occupation Route Sales		Name of Employer NPK Distributors Inc.			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$30.00	\$30.00

Last Name Akinbajo		First Tokunbo		MI CT	Contribution ID # 0565
Residential Street Address 1 Hinchley Wood		City Farmington		State CT	Zip Code 06032-1457
Principal Occupation Attorney		Name of Employer MassMutual			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Berryman		First Jonathan		MI CT	Contribution ID # 0563
Residential Street Address 55 Walnut St Apt 7		City New Haven		State CT	Zip Code 06511-5016
Principal Occupation Teacher		Name of Employer Nhboe			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$55.00	\$30.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Peters		First Lesa		MI C	Contribution ID # 0553
Residential Street Address 155 Good Hill Rd		City Woodbury		State CT	Zip Code 06798-2502
Principal Occupation Senior Technical Support Manager		Name of Employer Select Business Solutions			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Reeves		First Peggy		MI 	Contribution ID # 0546
Residential Street Address 56 Hemmelskamp Rd		City Wilton		State CT	Zip Code 06897-2103
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$75.00	\$75.00

Last Name Weaver		First Belinda		MI D	Contribution ID # 0685
Residential Street Address 224 Walnut St		City Waterbury		State CT	Zip Code 06704-4003
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/01/2026	Aggregate Contributions \$85.00	\$30.00

Last Name Willis		First Roberta		MI B	Contribution ID # 0470
Residential Street Address 30 Upland Meadow Rd		City Lakeville		State CT	Zip Code 06039
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/01/2026	Aggregate Contributions \$30.00	\$30.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Ainsworth		First Janet		MI K	Contribution ID # 0290
Residential Street Address 169 Northwood Dr		City Guilford		State CT	Zip Code 06437-1167
Principal Occupation Attorney		Name of Employer State of Connecticut			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/01/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Cella		First Alida		MI B	Contribution ID # 0399
Residential Street Address 172 N Whittlesey Ave		City Wallingford		State CT	Zip Code 06492-3622
Principal Occupation Director of Project Funding		Name of Employer Greenskies Clean Energy LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/02/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Blanchard		First Robert		MI S	Contribution ID # 0471
Residential Street Address 1401 Kings Hwy Apt 418A		City Fairfield		State CT	Zip Code 06824-5393
Principal Occupation Senior Advisor		Name of Employer Ned for CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/02/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Lyddy		First Emily		MI	Contribution ID # 0503
Residential Street Address 20 Juniper Rd		City Newtown		State CT	Zip Code 06470-2052
Principal Occupation Self Employed Franchise Owner		Name of Employer House of Colour			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/02/2026	Aggregate Contributions \$340.00	\$340.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Riefberg		First Lawrence		MI	Contribution ID # 0687
Residential Street Address 6 Ervie Dr		City Danbury		State CT	Zip Code 06811-3291
Principal Occupation Attorney		Name of Employer Law Offices of Lawrence M. Riefberg LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/02/2026	Aggregate Contributions \$100.00	\$100.00

Last Name DeCola		First Salvatore		MI	Contribution ID # 0616
Residential Street Address 22 Hickory Ct		City Wallingford		State CT	Zip Code 06492-4372
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/02/2026	Aggregate Contributions \$130.00	\$100.00

Last Name Teitleman		First Alan		MI	Contribution ID # 0690
Residential Street Address 408 Whitney Ave		City New Haven		State CT	Zip Code 06511-2357
Principal Occupation Professor		Name of Employer State of CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/02/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Riefberg		First Margaret		MI	Contribution ID # 0689
Residential Street Address 6 Ervie Dr		City Danbury		State CT	Zip Code 06811-3291
Principal Occupation CFO		Name of Employer Law Offices of Lawrence M. Riefberg, LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/02/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Horgan		First Dan		MI	Contribution ID # 0691
Residential Street Address 111 Huntington St		City New London		State CT	Zip Code 06320-6621
Principal Occupation Attorney		Name of Employer Horgan Law Offices			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/03/2026	Aggregate Contributions \$30.00	\$30.00

Last Name Lautenberg		First Ellen		MI S	Contribution ID # 0308
Residential Street Address 10 Woody Ln		City Westport		State CT	Zip Code 06880-2259
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/03/2026	Aggregate Contributions \$60.00	\$30.00

Last Name Edwards		First Gavin		MI	Contribution ID # 0693
Residential Street Address 12131 E Cloud Rd		City Chandler		State AZ	Zip Code 85249-3436
Principal Occupation Arhlete		Name of Employer Utsunomiya Brex			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/04/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Cosenza		First Andrew		MI	Contribution ID # 0692
Residential Street Address 73 Bird Rd		City Naugatuck		State CT	Zip Code 06770-4205
Principal Occupation APRN		Name of Employer Healthcare Advocates International			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/04/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Adams		First Bruce		MI	Contribution ID # 0694
Residential Street Address 33 Riggs Ave		City West Hartford		State CT	Zip Code 06107-2740
Principal Occupation President & CEO		Name of Employer Connecticut's Credit Unions			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/05/2026	Aggregate Contributions \$150.00	\$150.00

Last Name Sanders		First Sarah		MI	Contribution ID # 0548
Residential Street Address 10 Shore Rd		City Clinton		State CT	Zip Code 06413-2362
Principal Occupation Deputy Treasurer		Name of Employer State of Connecticut			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/05/2026	Aggregate Contributions \$100.00	\$100.00

Last Name DeFilippo		First Sophia		MI	Contribution ID # 0696
Residential Street Address 55 Damson Ln		City Naugatuck		State CT	Zip Code 06770-2509
Principal Occupation Student		Name of Employer Student			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/06/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Barry		First Thomas		MI	Contribution ID # 0695
Residential Street Address 49 Hoadley St		City Naugatuck		State CT	Zip Code 06770-3734
Principal Occupation Student		Name of Employer Student			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/06/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT

Erick Russell for State Treasurer 26

July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Krieger		First Nava		MI	Contribution ID # 0697
Residential Street Address 115 Lakeview Dr		City Ashford		State CT	Zip Code 06278-2012
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/07/2026	Aggregate Contributions \$30.00	\$30.00

Last Name Cope		First Taylor		MI	Contribution ID # 0699
Residential Street Address 221 Stillmeadow Ln		City Berlin		State CT	Zip Code 06037-3581
Principal Occupation Intake specialist		Name of Employer Centerwell Homecare			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/08/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Cope		First Ethan		MI	Contribution ID # 0698
Residential Street Address 221 Stillmeadow Ln		City Berlin		State CT	Zip Code 06037-3581
Principal Occupation Dentist		Name of Employer Grillo Dental			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/08/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Barry		First Michael		MI W	Contribution ID # 0292
Residential Street Address 77 Boulder Rd		City Manchester		State CT	Zip Code 06040-4505
Principal Occupation Director		Name of Employer CT Coalition for Retirement Security			
Is contributor a principal of a state contractor or prospective state contractor? ☒ Yes ☐ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☒ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/08/2026	Aggregate Contributions \$60.00	\$60.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Jordan		First Laura		MI j	Contribution ID # 0701
Residential Street Address 43 Girard Ave # 6105		City Hartford		State CT	Zip Code 06105-2230
Principal Occupation Government affairs		Name of Employer Stamford Health			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/10/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Caturano		First Jerry		MI	Contribution ID # 0700
Residential Street Address 40 Oak Ridge Rd		City Branford		State CT	Zip Code 06405-4622
Principal Occupation Amtrak Supervisor		Name of Employer Amtrak			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/10/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Pistilli		First Sharon		MI	Contribution ID # 0704
Residential Street Address 107 Lota Dr		City Fairfield		State CT	Zip Code 06825-3602
Principal Occupation Director Talent Solutions		Name of Employer Aon			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/11/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Cavanagh		First Kevin		MI J	Contribution ID # 0703
Residential Street Address 14 Greenway Rd		City New London		State CT	Zip Code 06320-2909
Principal Occupation Tetired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/11/2026	Aggregate Contributions \$85.00	\$60.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Giering		First Andrew		MI	Contribution ID # 0579
Residential Street Address 43 Harbour Close		City New Haven		State CT	Zip Code 06519-2845
Principal Occupation Attorney		Name of Employer U.S. Courts			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/11/2026	Aggregate Contributions \$200.00	\$100.00

Last Name Johnson		First Dominique		MI	Contribution ID # 0363
Residential Street Address 12 Toilsome Ave		City Norwalk		State CT	Zip Code 06851-2321
Principal Occupation Legislator		Name of Employer CT 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	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/12/2026	Aggregate Contributions \$30.00	\$30.00

Last Name Albini		First Lia		MI	Contribution ID # 0753
Residential Street Address 168 Westland Ave		City West Hartford		State CT	Zip Code 06107-3056
Principal Occupation Senior Director		Name of Employer Travelers			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/13/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Ginis		First Alexander		MI	Contribution ID # 0752
Residential Street Address 168 Westland Ave		City West Hartford		State CT	Zip Code 06107-3056
Principal Occupation Lobbyist		Name of Employer Reynolds Strategy Group			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/13/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Rudary		First Allison		MI	Contribution ID # 0754
Residential Street Address 20 John Applegate Rd		City Redding		State CT	Zip Code 06896-3310
Principal Occupation Self Employed, Travel Advisor		Name of Employer LTR Travel LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/15/2026	Aggregate Contributions \$30.00	\$30.00

Last Name Pistilli		First Sharon		MI	Contribution ID # 0705
Residential Street Address 107 Lota Dr		City Fairfield		State CT	Zip Code 06825-3602
Principal Occupation Director Talent Solutions		Name of Employer Aon			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/15/2026	Aggregate Contributions \$30.00	\$10.00

Last Name Melita		First Gus		MI	Contribution ID # 0615
Residential Street Address 1823 Asylum Ave		City West Hartford		State CT	Zip Code 06117-2602
Principal Occupation Government Relations		Name of Employer CT Educ Assn			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/16/2026	Aggregate Contributions \$100.00	\$50.00

Last Name Crockett		First Gail		MI M	Contribution ID # 0302
Residential Street Address 31 Plainfield Rd		City West Hartford		State CT	Zip Code 06117-1936
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/16/2026	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Osborne		First Melissa		MI E	Contribution ID # 0310
Residential Street Address 44 Sand Hill Rd		City Weatogue		State CT	Zip Code 06089-9701
Principal Occupation Atty/State Rep		Name of Employer Osborne Law/CT JGen 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	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/16/2026	Aggregate Contributions \$60.00	\$60.00

Last Name Cholewa		First Terry		MI 	Contribution ID # 0388
Residential Street Address 113 Latham Dr		City Griswold		State CT	Zip Code 06351-3419
Principal Occupation Student Affairs Coordinator		Name of Employer Plainfield Public Schools			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/17/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Yass		First Robert		MI K	Contribution ID # 0414
Residential Street Address 15 Brenthaven		City Avon		State CT	Zip Code 06001-3941
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/18/2026	Aggregate Contributions \$200.00	\$200.00

Last Name Peterson		First Alex		MI 	Contribution ID # 0755
Residential Street Address 29 Middlefield Dr		City West Hartford		State CT	Zip Code 06107-1245
Principal Occupation Government affairs		Name of Employer CT Airport Authority			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/18/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Phillips		First Jesse		MI	Contribution ID # 0756
Residential Street Address 253 County St		City New Haven		State CT	Zip Code 06511-3326
Principal Occupation Unemployed		Name of Employer Unemployed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/19/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Kozin		First Jacqueline		MI	Contribution ID # 0541
Residential Street Address 235 E River Dr Apt 202		City East Hartford		State CT	Zip Code 06108-5018
Principal Occupation Self-employed- J.Ko Consulting Group		Name of Employer Campaign Consultinh			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/22/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Rudnick		First Jason		MI	Contribution ID # 0758
Residential Street Address 24 Brookside Blvd		City West Hartford		State CT	Zip Code 06107-1107
Principal Occupation Real Estate		Name of Employer RJ Development & Advisors LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/23/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Cann		First Immacula		MI	Contribution ID # 0757
Residential Street Address 234 Klondike St		City Stratford		State CT	Zip Code 06614-4654
Principal Occupation Nurse		Name of Employer Silver Hill Hospital			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/23/2026	Aggregate Contributions \$60.00	\$60.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Kelley		First Kerry		MI	Contribution ID # 0759
Residential Street Address 275 Fern St		City West Hartford		State CT	Zip Code 06119-1169
Principal Occupation Executive		Name of Employer CT State Community College			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/25/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Raffone		First Salvatore		MI	Contribution ID # 0762
Residential Street Address 239 Central Ave		City New Haven		State CT	Zip Code 06515-2203
Principal Occupation Architect		Name of Employer RJ Development & Advisors			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/25/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Melville		First Gregory		MI W	Contribution ID # 0765
Residential Street Address PO Box 207		City Hadlyme		State CT	Zip Code 06439-0207
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/27/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Fox		First Susan		MI R	Contribution ID # 0764
Residential Street Address PO Box 207		City Hadlyme		State CT	Zip Code 06439-0207
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/27/2026	Aggregate Contributions \$340.00	\$340.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Jarrabeck		First Frank		MI 	Contribution ID # 0763
Residential Street Address 317 Joshuatown Rd		City Old Lyme		State CT	Zip Code 06371-3033
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/27/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Nosal		First Mary Jo		MI K	Contribution ID # 0309
Residential Street Address 12 Swanswood Ln		City Old Lyme		State CT	Zip Code 06371-1866
Principal Occupation Unemployed		Name of Employer Unemployed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/27/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Brady		First John		MI H	Contribution ID # 0333
Residential Street Address 159 Snake Meadow Hill Rd		City Sterling		State CT	Zip Code 06377-1611
Principal Occupation Vice President		Name of Employer AFT Connecticut			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/28/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Weeks		First Denise		MI M	Contribution ID # 0384
Residential Street Address 334 Hollister Way W		City Glastonbury		State CT	Zip Code 06033-3122
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/28/2026	Aggregate Contributions \$10.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Frate		First Corey		MI W	Contribution ID # 0396
Residential Street Address 47 Hecker Ave		City Darien		State CT	Zip Code 06820-5308
Principal Occupation Executive Assistant		Name of Employer 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	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/28/2026	Aggregate Contributions \$52.00	\$26.00

Last Name Blondin		First Audrey		MI 	Contribution ID # 0369
Residential Street Address 379 Prospect St		City Torrington		State CT	Zip Code 06790-5238
Principal Occupation Attorney		Name of Employer Blondin Law Office LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/28/2026	Aggregate Contributions \$200.00	\$100.00

Last Name Packer		First Warren		MI J	Contribution ID # 0454
Residential Street Address 374 Lydall St		City Manchester		State CT	Zip Code 06042-3301
Principal Occupation Condtale		Name of Employer Retired state employee			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/28/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Thergood		First Melody		MI 	Contribution ID # 0458
Residential Street Address 100 Carriage Hill Dr		City Fredericksburg		State VA	Zip Code 22405-5626
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/28/2026	Aggregate Contributions \$30.00	\$30.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Gatling		First Irene		MI B	Contribution ID # 0444
Residential Street Address 247 Whipstick Rd		City Wilton		State CT	Zip Code 06897-1315
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/28/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Bajorek		First Laurie		MI W	Contribution ID # 0448
Residential Street Address 60 Patricia Dr		City Vernon		State CT	Zip Code 06066-4826
Principal Occupation Office Administrator		Name of Employer CT Federation of School Administrators			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/28/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Stein		First David		MI S	Contribution ID # 0344
Residential Street Address 83 Boulder Brook Dr		City Stamford		State CT	Zip Code 06903-3231
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/28/2026	Aggregate Contributions \$10.00	\$5.00

Last Name Grady		First Dorothy		MI M	Contribution ID # 0340
Residential Street Address 42 Cornwall Dr		City Coventry		State CT	Zip Code 06238-1606
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/28/2026	Aggregate Contributions \$30.00	\$30.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Edelson		First Christine		MI T	Contribution ID # 0460
Residential Street Address 609 Heritage Vlg # B		City Southbury		State CT	Zip Code 06488-1549
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/28/2026	Aggregate Contributions \$30.00	\$30.00

Last Name Tucker		First Kathy		MI E	Contribution ID # 0426
Residential Street Address 156 Peabody St		City West Haven		State CT	Zip Code 06516-2531
Principal Occupation Nurse Practitioner		Name of Employer City Of New Haven			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/28/2026	Aggregate Contributions \$100.00	\$50.00

Last Name Martin		First Rebecca		MI B	Contribution ID # 0415
Residential Street Address 185 North Ave		City Westport		State CT	Zip Code 06880-2231
Principal Occupation Associate Director of Development		Name of Employer Reproductive Equity Now			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/28/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Sullivan		First Beatrice		MI F	Contribution ID # 0441
Residential Street Address 31 Woodland St Apt 10		City Hartford		State CT	Zip Code 06105-4335
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/28/2026	Aggregate Contributions \$30.00	\$30.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Conetta		First Kate		MI A	Contribution ID # 0433
Residential Street Address 4 Topfield Rd		City Danbury		State CT	Zip Code 06811-4416
Principal Occupation Advertising Production Manager		Name of Employer LMT Communications, Inc.			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/28/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Paterna		First Andrew		MI A	Contribution ID # 0401
Residential Street Address 301 Strawberry Ln		City South Windsor		State CT	Zip Code 06074-2092
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/28/2026	Aggregate Contributions \$320.00	\$100.00

Last Name Fontana		First Stephen		MI A	Contribution ID # 0519
Residential Street Address 23 Angel Pl		City North Haven		State CT	Zip Code 06473-2402
Principal Occupation Economic Development Director		Name of Employer Town of Hamden, CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/28/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Hertlein-Perez		First Victoria		MI L	Contribution ID # 0573
Residential Street Address 1 Ardell Rd		City Bronxville		State NY	Zip Code 10708-6501
Principal Occupation Social worker		Name of Employer The Guidance Center of Westchester			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/28/2026	Aggregate Contributions \$55.00	\$30.00

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT

Erick Russell for State Treasurer 26

July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Steinau		First Casey		MI WI	Contribution ID # 0572
Residential Street Address 2051 Allen Blvd		City Middleton		State WI	Zip Code 53562-3456
Principal Occupation Legislative staff		Name of Employer WI State Senate			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/28/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Dumaine		First David		MI M	Contribution ID # 0588
Residential Street Address 86 Tracy Dr		City Manchester		State CT	Zip Code 06042-2325
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/28/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Thommen		First David		MI CT	Contribution ID # 0499
Residential Street Address 450 Lake Ave		City Bridgeport		State CT	Zip Code 06605-3517
Principal Occupation Realtor		Name of Employer William Pitt Sotheby's			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/28/2026	Aggregate Contributions \$100.00	\$25.00

Last Name Mechler		First Barbara		MI E	Contribution ID # 0490
Residential Street Address 28 F Heritage Vlg		City Southbury		State CT	Zip Code 06488-5640
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/28/2026	Aggregate Contributions \$30.00	\$30.00

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT

Erick Russell for State Treasurer 26

July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Imber		First Michael		MI E	Contribution ID # 0476
Residential Street Address 6 Glenwood Rd		City Weston		State CT	Zip Code 06883-2322
Principal Occupation Business development executive		Name of Employer Epiq Corporate Restructuring LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/28/2026	Aggregate Contributions \$100.00	\$100.00

Last Name E Livingston		First Daniel		MI CT	Contribution ID # 0773
Residential Street Address 260 Whiting Ln		City West Hartford		State CT	Zip Code 06119-2031
Principal Occupation Attorney		Name of Employer LAPM&K, PC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/28/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Meskers		First Stephen		MI CT	Contribution ID # 0772
Residential Street Address 18 Lockwood Ave		City Old Greenwich		State CT	Zip Code 06870-1719
Principal Occupation State Representative		Name of Employer Stats of connecticut			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/28/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Horgan		First Daniel		MI CT	Contribution ID # 0771
Residential Street Address 15 Village Dr		City East Lyme		State CT	Zip Code 06333-1240
Principal Occupation Self Employed		Name of Employer Self Employed-?Horgan Law Offices			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/28/2026	Aggregate Contributions \$30.00	\$30.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Scruggs		First Lyle		MI	Contribution ID # 0770
Residential Street Address 25 Stephen St		City Manchester		State CT	Zip Code 06040-4430
Principal Occupation Educator		Name of Employer Univ of Connecticut			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/28/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Rose dilaura		First jennifer		MI	Contribution ID # 0769
Residential Street Address 99 Barry Ave		City Ridgefield		State CT	Zip Code 06877-4311
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/28/2026	Aggregate Contributions \$30.00	\$30.00

Last Name Sullivan		First Dylan		MI	Contribution ID # 0768
Residential Street Address 10 E Jones St		City Savannah		State GA	Zip Code 31401-4515
Principal Occupation Designer		Name of Employer Sean Anderson 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	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/28/2026	Aggregate Contributions \$200.00	\$100.00

Last Name House		First Carol		MI	Contribution ID # 0767
Residential Street Address 82 4th Mount Archer Rd		City Lyme		State CT	Zip Code 06371-3158
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/28/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Latham		First Christopher		MI	Contribution ID # 0766
Residential Street Address 178 Ballard Dr		City West Hartford		State CT	Zip Code 06119-1005
Principal Occupation Real Estate		Name of Employer Coldwell Banker			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/28/2026	Aggregate Contributions \$60.00	\$60.00

Last Name Goldberg Honig		First Diane		MI	Contribution ID # 0746
Residential Street Address 71 Town Line Rd		City Harwinton		State CT	Zip Code 06791-1517
Principal Occupation Personal Fitness Trainer		Name of Employer Diane Honig Fitness			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/28/2026	Aggregate Contributions \$60.00	\$60.00

Last Name Csejka		First Madison		MI	Contribution ID # 0750
Residential Street Address 27 Charter Oak Pl Apt B		City Hartford		State CT	Zip Code 06106-1964
Principal Occupation Communications		Name of Employer State of Connecticut			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/28/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Breckenridge		First Kelly		MI	Contribution ID # 0741
Residential Street Address 15 Lawson Ln		City Ridgefield		State CT	Zip Code 06877-3956
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/28/2026	Aggregate Contributions \$30.00	\$30.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name D'Agostino		First Deborah		MI	Contribution ID # 0539
Residential Street Address 319 Thomaston Rd Unit 21		City Watertown		State CT	Zip Code 06795-2039
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/28/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Deeds		First Denese		MI A	Contribution ID # 0550
Residential Street Address 65 Walnut Tree Hill Rd		City Shelton		State CT	Zip Code 06484-2514
Principal Occupation Consultant		Name of Employer IHSC, LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/28/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Sanders		First Thomas		MI	Contribution ID # 0554
Residential Street Address 10 Shore Rd		City Clinton		State CT	Zip Code 06413-2362
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/28/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Krumeich		First Elizabeth		MI K	Contribution ID # 0542
Residential Street Address 16 Perryridge Rd		City Greenwich		State CT	Zip Code 06830-4608
Principal Occupation Attorney		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/28/2026	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Zahorsky		First Emily		MI	Contribution ID # 0631
Residential Street Address 556 W McKinley Ave		City Bridgeport		State CT	Zip Code 06604-1632
Principal Occupation City of Bridgeport		Name of Employer None			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/28/2026	Aggregate Contributions \$10.00	\$5.00

Last Name Addonizio Butts		First Samantha		MI	Contribution ID # 0733
Residential Street Address 70 Route 55 W		City Sherman		State CT	Zip Code 06784-1026
Principal Occupation Chief Compliance Officer		Name of Employer Stonebridge Advisors LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/28/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Cappa		First Emily		MI	Contribution ID # 0605
Residential Street Address 374 Gurleyville Rd		City Storrs		State CT	Zip Code 06268-1412
Principal Occupation Registrar		Name of Employer Yale University			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/28/2026	Aggregate Contributions \$60.00	\$60.00

Last Name DePoli		First Gayle		MI	Contribution ID # 0721
Residential Street Address 88 Sheephill Rd		City Riverside		State CT	Zip Code 06878-1121
Principal Occupation YV Technical Producer		Name of Employer Freelance			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/28/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Morgan		First Kevin		MI	Contribution ID # 0719
Residential Street Address 1 Poplar Dr		City Prospect		State CT	Zip Code 06712-1495
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/28/2026	Aggregate Contributions \$30.00	\$30.00

Last Name Werner		First Elaine		MI	Contribution ID # 0716
Residential Street Address 48 Mallard Dr		City Avon		State CT	Zip Code 06001-4544
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/28/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Collins		First Paul		MI	Contribution ID # 0708
Residential Street Address 12 Dresden Ct E		City Goshen		State CT	Zip Code 06756-2129
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/28/2026	Aggregate Contributions \$60.00	\$60.00

Last Name Friedman		First Barbara		MI	Contribution ID # 0712
Residential Street Address 38 Covered Bridge Rd		City New York		State NY	Zip Code 10023
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/29/2026	Aggregate Contributions \$60.00	\$60.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Merrill		First Denise		MI	Contribution ID # 0722
Residential Street Address 222 Separatist Rd		City Storrs		State CT	Zip Code 06268-1918
Principal Occupation Retired		Name of Employer Retiredretired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/29/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Palacios		First Carlos JP		MI	Contribution ID # 0777
Residential Street Address 409 Garfield Ave		City Bridgeport		State CT	Zip Code 06606-5230
Principal Occupation Tradesman / professional Painter		Name of Employer IUPAT DC11			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/29/2026	Aggregate Contributions \$30.00	\$30.00

Last Name Moore		First Leland		MI	Contribution ID # 0776
Residential Street Address 189 Concord St		City New Haven		State CT	Zip Code 06512-3963
Principal Occupation Assistant Attorney General		Name of Employer Connecticut Office of the Attorney General			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/29/2026	Aggregate Contributions \$60.00	\$60.00

Last Name Collind		First Deborah		MI	Contribution ID # 0775
Residential Street Address 72 Nashawena Ave		City West Haven		State CT	Zip Code 06516-7046
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/29/2026	Aggregate Contributions \$30.00	\$30.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Koc		First Gabriela		MI	Contribution ID # 0774
Residential Street Address 1340 Washington Blvd		City Stamford		State CT	Zip Code 06902-2452
Principal Occupation Director external affairs		Name of Employer State of ct			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/29/2026	Aggregate Contributions \$60.00	\$60.00

Last Name Landa		First Keith		MI B	Contribution ID # 0421
Residential Street Address 46 Rocky Hill Rd		City New Fairfield		State CT	Zip Code 06812-2707
Principal Occupation College Administrator		Name of Employer State University of New York			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/29/2026	Aggregate Contributions \$60.00	\$60.00

Last Name Mombo		First Colette		MI	Contribution ID # 0453
Residential Street Address 151 Short Rock Rd		City Southbury		State CT	Zip Code 06488-1874
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/29/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Friedman		First Mark		MI M	Contribution ID # 0378
Residential Street Address 14 Saint George Pl		City Westport		State CT	Zip Code 06880-1251
Principal Occupation Investor		Name of Employer Mark Friedman			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/29/2026	Aggregate Contributions \$45.00	\$20.00

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT

Erick Russell for State Treasurer 26

July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Burke		First Jennienne		MI	Contribution ID # 0353
Residential Street Address 1230 Hope St Apt 6		City Stamford		State CT	Zip Code 06907-1660
Principal Occupation Sr Healthcare Compliance Associate		Name of Employer Stamford Hospital			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/29/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Gerratana		First Terry		MI	Contribution ID # 0321
Residential Street Address 11 Dorset Ln		City Farmington		State CT	Zip Code 06032-2330
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/29/2026	Aggregate Contributions \$250.00	\$50.00

Last Name Langmaid		First John		MI A	Contribution ID # 0297
Residential Street Address 2200 Main St		City Glastonbury		State CT	Zip Code 06033-2287
Principal Occupation Attorney		Name of Employer State of Connecticut			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/29/2026	Aggregate Contributions \$30.00	\$30.00

Last Name Fedick		First Lisa		MI A	Contribution ID # 0982
Residential Street Address 51 Bartling Dr		City Easton		State CT	Zip Code 06612-2006
Principal Occupation President/Owner		Name of Employer Wonderland of Ice, Inc			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/29/2026	Aggregate Contributions \$340.00	\$340.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Florsheim		First Ben		MI D	Contribution ID # 0304
Residential Street Address 834 Bear Hill Rd		City Middletown		State CT	Zip Code 06457-5721
Principal Occupation Student		Name of Employer Student			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/30/2026	Aggregate Contributions \$250.00	\$250.00

Last Name Niedzielski-Eichner		First Nora		MI CT	Contribution ID # 0359
Residential Street Address 7 Outer Rd		City Norwalk		State CT	Zip Code 06854-4709
Principal Occupation Attorney		Name of Employer Nagy Wolfe Appleton			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/30/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Flynn		First Kevin		MI W	Contribution ID # 0382
Residential Street Address 67 Sachem Rd		City Fairfield		State CT	Zip Code 06825-1830
Principal Occupation CSR		Name of Employer CT. Department of Labor			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/30/2026	Aggregate Contributions \$20.00	\$20.00

Last Name mackstutis		First wendy		MI G	Contribution ID # 0464
Residential Street Address 16 Hunting Ridge Dr		City Simsbury		State CT	Zip Code 06070-1807
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/30/2026	Aggregate Contributions \$55.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Nunez		First Paul		MI R	Contribution ID # 0432
Residential Street Address 70 Marvel Rd		City New Haven		State CT	Zip Code 06515-2118
Principal Occupation Lobbyist		Name of Employer DePino, Nuñez and Biggs			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/30/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Smith		First Joe		MI A	Contribution ID # 0521
Residential Street Address 497 Weir St		City Glastonbury		State CT	Zip Code 06033-3521
Principal Occupation Self Employed		Name of Employer Self Employed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/30/2026	Aggregate Contributions \$100.00	\$100.00

Last Name JONES		First PAULA		MI M	Contribution ID # 0534
Residential Street Address 5 Bear Ridge Dr		City Bloomfield		State CT	Zip Code 06002-1107
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/30/2026	Aggregate Contributions \$200.00	\$100.00

Last Name Hume		First Michele		MI P	Contribution ID # 0595
Residential Street Address 55 Linwood St		City West Haven		State CT	Zip Code 06516-7104
Principal Occupation Product Manager		Name of Employer Prudential			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/30/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name kaiko		First jacqueline		MI	Contribution ID # 0788
Residential Street Address 310 Halliwell Dr		City Stamford		State CT	Zip Code 06902-2018
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/30/2026	Aggregate Contributions \$30.00	\$30.00

Last Name Serrano-Adorno		First Melissa		MI	Contribution ID # 0792
Residential Street Address 228 Fanning St		City Waterbury		State CT	Zip Code 06704-2244
Principal Occupation Medical Assistant		Name of Employer City of Wtby Health Dept			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/30/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Gilstad-Hayden		First Kate		MI	Contribution ID # 0791
Residential Street Address 341 Cold Spring Dr		City Westbrook		State CT	Zip Code 06498-1557
Principal Occupation Statistician		Name of Employer Yale			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/30/2026	Aggregate Contributions \$5.00	\$5.00

Last Name nardozzi		First Teresa		MI	Contribution ID # 0790
Residential Street Address 72 Old West Mountain Rd		City Ridgefield		State CT	Zip Code 06877-3027
Principal Occupation Producer		Name of Employer MANM Productions			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/30/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Stargardter		First Katherine		MI	Contribution ID # 0786
Residential Street Address 8 Lisa Ln		City Tolland		State CT	Zip Code 06084-3536
Principal Occupation Legislative affairs		Name of Employer State of CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/30/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Madry		First Joaquin		MI	Contribution ID # 0785
Residential Street Address 211 Coventry Ln		City Fairfield		State CT	Zip Code 06824-1610
Principal Occupation Attorney		Name of Employer Self Employed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/30/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Shortell		First William		MI	Contribution ID # 0784
Residential Street Address 947 W Main St		City New Britain		State CT	Zip Code 06053-3449
Principal Occupation Machinist		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/30/2026	Aggregate Contributions \$60.00	\$60.00

Last Name O'Brien		First Mchael		MI	Contribution ID # 0783
Residential Street Address 154 McTigh Rd		City Higganum		State CT	Zip Code 06441-4420
Principal Occupation Project Engineer		Name of Employer Metropolitan District			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/30/2026	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Fleischmann		First Andrew		MI	Contribution ID # 0782
Residential Street Address 41 Glenwood Rd		City West Hartford		State CT	Zip Code 06107-1506
Principal Occupation CEO		Name of Employer Big Brothers Big Sisters of Connecticut			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/30/2026	Aggregate Contributions \$5.00	\$5.00

Last Name O'Neil		First Rick		MI	Contribution ID # 0781
Residential Street Address 345 Buckland Hills Dr Apt 12214		City Manchester		State CT	Zip Code 06042-8738
Principal Occupation Senior CEC		Name of Employer State of CT - HDO			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/30/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Yeisley		First Diana		MI	Contribution ID # 0780
Residential Street Address 78 County Rd		City Simsbury		State CT	Zip Code 06070-1206
Principal Occupation Homemaker		Name of Employer Not Employed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/30/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Kazanas		First Christina		MI	Contribution ID # 0779
Residential Street Address 196 Holmes St		City Stratford		State CT	Zip Code 06615-6515
Principal Occupation Registrar of Voters		Name of Employer Town of Stratford			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/30/2026	Aggregate Contributions \$20.00	\$20.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Barlow		First Malcolm F.		MI	Contribution ID # 0778
Residential Street Address 172 E Center Street Manchester Ct # 6040		City Manchester		State CT	Zip Code 06040
Principal Occupation Self Employed as lawyer		Name of Employer Malcolm F. Barlow, Attorney At Law			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/30/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Calabrese		First Gina		MI	Contribution ID # 0736
Residential Street Address 300 Seaside Ave Apt 4A		City Stamford		State CT	Zip Code 06902-5410
Principal Occupation Clinical Law Professor		Name of Employer St. John's University			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/30/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Pearce		First Rebecca		MI	Contribution ID # 0735
Residential Street Address 91 Little Hill Dr		City Stamford		State CT	Zip Code 06905-2320
Principal Occupation Executive publisher		Name of Employer Springer Nature			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/30/2026	Aggregate Contributions \$20.26	\$20.26

Last Name Tyszka		First Frank		MI	Contribution ID # 0713
Residential Street Address 18 Shortell Dr		City Ansonia		State CT	Zip Code 06401-2402
Principal Occupation Mayor		Name of Employer City of Ansonia			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/30/2026	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Salcedo		First Angela		MI	Contribution ID # 0709
Residential Street Address 219 Route 66		City Columbia		State CT	Zip Code 06237-1420
Principal Occupation Musician		Name of Employer First Church, Glastonbury			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/30/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Shultz		First Scott		MI	Contribution ID # 0732
Residential Street Address 375 Spruce St		City Stratford		State CT	Zip Code 06615-7634
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/30/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Brechlin		First Christopher		MI	Contribution ID # 0731
Residential Street Address 27 Somerset St		City Wethersfield		State CT	Zip Code 06109-3030
Principal Occupation Data Director		Name of Employer COMPASS Youth Collaborative			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/30/2026	Aggregate Contributions \$30.00	\$30.00

Last Name Childs		First Mary		MI	Contribution ID # 0729
Residential Street Address 22 Beacon Hill Dr		City Waterford		State CT	Zip Code 06385-4108
Principal Occupation Teacher		Name of Employer Waterford Board of Education			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/30/2026	Aggregate Contributions \$60.00	\$60.00

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT

Erick Russell for State Treasurer 26

July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Nugent		First Barli		MI	Contribution ID # 0725
Residential Street Address 160 Rivergate Dr		City Wilton		State CT	Zip Code 06897-3611
Principal Occupation Performing Arts administration		Name of Employer 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	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/30/2026	Aggregate Contributions \$10.00	\$10.00

Last Name DeCola		First Salvatore		MI	Contribution ID # 0617
Residential Street Address 22 Hickory Ct		City Wallingford		State CT	Zip Code 06492-4372
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/30/2026	Aggregate Contributions \$230.00	\$100.00

Last Name Psarras		First Patrick		MI	Contribution ID # 0613
Residential Street Address 820 Townsend Ave		City New Haven		State CT	Zip Code 06512-5041
Principal Occupation Firefighter		Name of Employer City of New Haven			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/30/2026	Aggregate Contributions \$200.00	\$100.00

Last Name Hershman		First Linda		MI	Contribution ID # 0556
Residential Street Address 106 Stonebridge Ct Apt 5411		City Cheshire		State CT	Zip Code 06410-5411
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/30/2026	Aggregate Contributions \$60.00	\$60.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Coyle		First Stephen		MI	Contribution ID # 0538
Residential Street Address 23 Deer Run Dr		City Colchester		State CT	Zip Code 06415-1806
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/30/2026	Aggregate Contributions \$30.00	\$30.00

Last Name Grabarz		First Joseph		MI	Contribution ID # 0535
Residential Street Address 66 3rd St		City New Britain		State CT	Zip Code 06051-1635
Principal Occupation Lobbyist		Name of Employer Gallo Robinson			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/30/2026	Aggregate Contributions \$60.00	\$60.00

Last Name Gioello		First David		MI M	Contribution ID # 0552
Residential Street Address 65 Walnut Tree Hill Rd		City Shelton		State CT	Zip Code 06484-2514
Principal Occupation Consultant		Name of Employer Industrial Health & Safety Consultants			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/31/2026	Aggregate Contributions \$60.00	\$60.00

Last Name GOLUB		First DAVID		MI	Contribution ID # 0555
Residential Street Address 47 Old Long Ridge Rd		City Stamford		State CT	Zip Code 06903-1620
Principal Occupation Attorney		Name of Employer Silver Golub & Teitell LLP			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/31/2026	Aggregate Contributions \$340.00	\$340.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Gaines		First Richard		MI A	Contribution ID # 0558
Residential Street Address 51 Black Bridge Rd		City Sandy Hook		State CT	Zip Code 06482-1077
Principal Occupation IT Consultant		Name of Employer R. Gaines Consulting			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/31/2026	Aggregate Contributions \$35.00	\$30.00

Last Name Talamelli Cusick		First Karen		MI CT	Contribution ID # 0612
Residential Street Address 5085 Main St		City Trumbull		State CT	Zip Code 06611-5900
Principal Occupation Administrator		Name of Employer Luchs Consulting Engineers			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/31/2026	Aggregate Contributions \$75.00	\$50.00

Last Name Heffernan		First William		MI CT	Contribution ID # 0730
Residential Street Address 271 Kelsey Ave		City West Haven		State CT	Zip Code 06516-4946
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/31/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Santanella		First John		MI CT	Contribution ID # 0707
Residential Street Address 1204 Enfield St		City Enfield		State CT	Zip Code 06082-4328
Principal Occupation Roebuck investment corporation inc		Name of Employer CEO			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/31/2026	Aggregate Contributions \$250.00	\$250.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name McClanahan		First Rebecca		MI	Contribution ID # 0749
Residential Street Address 42 Robin Ct		City Middletown		State CT	Zip Code 06457-6247
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/31/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Yordon		First Nathaniel		MI	Contribution ID # 0806
Residential Street Address 67 North St		City Easton		State CT	Zip Code 06612-1065
Principal Occupation CPA		Name of Employer Capossela, Cohen, LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/31/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Rosa		First Anne		MI	Contribution ID # 0805
Residential Street Address 14 Fox Run Ln		City Newtown		State CT	Zip Code 06470-1704
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/31/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Woods Weber		First Matthew		MI	Contribution ID # 0804
Residential Street Address 777 Prospect Ave		City West Hartford		State CT	Zip Code 06105-4204
Principal Occupation Financial Planner		Name of Employer Medallion Wealth Advisors			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/31/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Menapace		First Nicholas		MI	Contribution ID # 0803
Residential Street Address 38 Hope St		City Niantic		State CT	Zip Code 06357-2410
Principal Occupation Teacher		Name of Employer new london			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/31/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Dyer		First Elizabeth		MI	Contribution ID # 0802
Residential Street Address 5 Old Farm Rd		City South Windsor		State CT	Zip Code 06074-1558
Principal Occupation Librarian		Name of Employer Town of Glastonbury			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/31/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Torres-Ferguson		First Mildred		MI	Contribution ID # 0801
Residential Street Address 85 Catherine Dr		City Meriden		State CT	Zip Code 06450-2069
Principal Occupation Deputy Commissioner		Name of Employer State of CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/31/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Sweeney		First Sue		MI	Contribution ID # 0800
Residential Street Address 44 Strawberry Hill Ave Apt 5F		City Stamford		State CT	Zip Code 06902-2660
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/31/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name McDonald		First Bud		MI	Contribution ID # 0795
Residential Street Address 1894 Cross Hwy		City Fairfield		State CT	Zip Code 06824-1707
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/31/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Francoeur		First Luisa		MI	Contribution ID # 0794
Residential Street Address 318 Lansdowne		City Westport		State CT	Zip Code 06880-5651
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/31/2026	Aggregate Contributions \$30.00	\$30.00

Last Name Rudikoff		First Joel		MI	Contribution ID # 0793
Residential Street Address 31 Lancelot Dr		City North Haven		State CT	Zip Code 06473-1015
Principal Occupation Attorney		Name of Employer State of Connecticut			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/31/2026	Aggregate Contributions \$60.00	\$60.00

Last Name DeLude		First Maureen		MI	Contribution ID # 0799
Residential Street Address 19 Quail Run		City Berlin		State CT	Zip Code 06037-3745
Principal Occupation IT Manager		Name of Employer State of ct - Judicial Branch			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/31/2026	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Underwood		First Janis		MI E	Contribution ID # 0797
Residential Street Address 73 Woodside Ter		City New Haven		State CT	Zip Code 06515-2020
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/31/2026	Aggregate Contributions \$85.00	\$10.00

Last Name Kelley		First Kerry		MI	Contribution ID # 0760
Residential Street Address 275 Fern St		City West Hartford		State CT	Zip Code 06119-1169
Principal Occupation Executive		Name of Employer CT State Community College			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/31/2026	Aggregate Contributions \$80.00	\$30.00

Last Name yordon		First mary		MI X	Contribution ID # 0479
Residential Street Address 67 North St		City Easton		State CT	Zip Code 06612-1065
Principal Occupation Teacher		Name of Employer Norwalk Public schools			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/31/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Florek		First Alexander		MI	Contribution ID # 0482
Residential Street Address 2885 Main St		City Stratford		State CT	Zip Code 06614-4983
Principal Occupation Attorney		Name of Employer Florek & O'Neill LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/31/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Salina		First Adam		MI P	Contribution ID # 0438
Residential Street Address 95 Spicewood Ln		City Berlin		State CT	Zip Code 06037-2831
Principal Occupation Government Relations		Name of Employer Kozak & Salina, LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/31/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Fagerstal		First Christina		MI T	Contribution ID # 0423
Residential Street Address 289 Weed St		City New Canaan		State CT	Zip Code 06840-6117
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/31/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Radcliffe		First David		MI	Contribution ID # 0420
Residential Street Address 415 Brooksvale Ave		City Hamden		State CT	Zip Code 06518-1222
Principal Occupation Policy director		Name of Employer The New 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	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/31/2026	Aggregate Contributions \$45.00	\$20.00

Last Name Silver		First Keith		MI	Contribution ID # 0418
Residential Street Address 525 W Hill Rd		City Stamford		State CT	Zip Code 06902-1506
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/31/2026	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Thomas		First Alexandra		MI 	Contribution ID # 0406
Residential Street Address 187 Aspetuck Ridge Rd		City New Milford		State CT	Zip Code 06776-5613
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/31/2026	Aggregate Contributions \$10.00	\$5.00

Last Name Blewett		First Kathleen		MI K	Contribution ID # 0409
Residential Street Address 136 Taunton Hill Rd		City Newtown		State CT	Zip Code 06470-1723
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/31/2026	Aggregate Contributions \$80.00	\$50.00

Last Name Glennon		First Susan		MI 	Contribution ID # 0467
Residential Street Address 99 Carlson Dr		City Milford		State CT	Zip Code 06460-4305
Principal Occupation Licensed childcare		Name of Employer Susan Glennon			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/31/2026	Aggregate Contributions \$30.00	\$30.00

Last Name Keitt		First Sarah		MI K	Contribution ID # 0381
Residential Street Address 538 Winnepogee Dr		City Fairfield		State CT	Zip Code 06825-2566
Principal Occupation Legislator		Name of Employer State of CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/31/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Frampton		First Sara		MI	Contribution ID # 0379
Residential Street Address 3 Wendover Rd		City Newtown		State CT	Zip Code 06470-1322
Principal Occupation Teacher		Name of Employer Norwalk Board of Education			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/31/2026	Aggregate Contributions \$5.00	\$5.00

Last Name French		First Martin		MI R	Contribution ID # 0336
Residential Street Address 277 Maiden Ln		City Durham		State CT	Zip Code 06422-1812
Principal Occupation tax collector		Name of Employer Town of Durham			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/31/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Hamilton		First Robbin		MI W	Contribution ID # 0314
Residential Street Address 92 Bedford St		City West Haven		State CT	Zip Code 06516-1709
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/31/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Desir		First Deborah		MI	Contribution ID # 0808
Residential Street Address 11 Zak Hill Dr		City Woodbridge		State CT	Zip Code 06525-1654
Principal Occupation Associate Professor of Medicine		Name of Employer Yale School of Medicine			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/31/2026	Aggregate Contributions \$30.00	\$30.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Hessel		First Sue		MI	Contribution ID # 0488
Residential Street Address 26 Mount Archer Rd		City Lyme		State CT	Zip Code 06371
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/01/2026	Aggregate Contributions \$50.00	\$50.00

Last Name bobb		First Stephan		MI H	Contribution ID # 0585
Residential Street Address 55 Ellington St 55 Ellington St		City Hartford		State CT	Zip Code 06106
Principal Occupation Mental Health Assistant II		Name of Employer State of Connecticut			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/01/2026	Aggregate Contributions \$25.00	\$5.00

Last Name Fazzino		First Jack		MI	Contribution ID # 0747
Residential Street Address 225 Oxford Ct		City Meriden		State CT	Zip Code 06450-8185
Principal Occupation Lawyer		Name of Employer Shipman & Goodwin			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/01/2026	Aggregate Contributions \$200.00	\$200.00

Last Name Quinn		First Joe		MI P	Contribution ID # 0629
Residential Street Address 22 Howland Rd		City West Hartford		State CT	Zip Code 06107-3113
Principal Occupation Lawyer		Name of Employer State of CT, OLM, Senate Democrats			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/03/2026	Aggregate Contributions \$60.00	\$30.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name St Gordon		First Landon		MI	Contribution ID # 0819
Residential Street Address 1725 Oakmont Ln		City Orlando		State FL	Zip Code 32804-5920
Principal Occupation Designer		Name of Employer MDW Communications			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/03/2026	Aggregate Contributions \$340.00	\$340.00

Last Name VanSusteren		First Claire		MI	Contribution ID # 0818
Residential Street Address 1111 NE 16th Ter		City Fort Lauderdale		State FL	Zip Code 33304-2320
Principal Occupation Consultant		Name of Employer Self employed - CVS comms			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/03/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Page		First Martin		MI	Contribution ID # 0817
Residential Street Address 1010 SW 2nd Ave Unit 1002		City Miami		State FL	Zip Code 33130-4457
Principal Occupation Partner		Name of Employer MDW			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/03/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Worley		First Michael		MI	Contribution ID # 0816
Residential Street Address 11049 Canary Island Ct		City Plantation		State FL	Zip Code 33324-8202
Principal Occupation Executive		Name of Employer MDW			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/03/2026	Aggregate Contributions \$340.00	\$340.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Goddard		First Veronica		MI	Contribution ID # 0815
Residential Street Address 262 NE 93rd St		City Miami Shores		State FL	Zip Code 33138-2827
Principal Occupation VP		Name of Employer Edge Communications			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/03/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Miller		First Megan		MI	Contribution ID # 0814
Residential Street Address 62 Sherbrook Dr		City Goshen		State CT	Zip Code 06756-1906
Principal Occupation Healthcare		Name of Employer None			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/03/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Braynon		First Oscar		MI	Contribution ID # 0813
Residential Street Address 19010 NW 14th Avenue Rd		City Miami Gardens		State FL	Zip Code 33169-3617
Principal Occupation Lobbyist		Name of Employer The Southern Group			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/03/2026	Aggregate Contributions \$340.00	\$340.00

Last Name andrade		First carlos		MI	Contribution ID # 0812
Residential Street Address 1742 W Flagler St		City Miami		State FL	Zip Code 33135-2017
Principal Occupation Artist		Name of Employer CLAUG Creative Studio			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/03/2026	Aggregate Contributions \$340.00	\$340.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Miller		First Brendan		MI	Contribution ID # 0811
Residential Street Address 62 Sherbrook Dr		City Goshen		State CT	Zip Code 06756-1906
Principal Occupation Executive Director		Name of Employer Balanced Recovery Center			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/03/2026	Aggregate Contributions \$30.00	\$30.00

Last Name Schneider		First Eric		MI	Contribution ID # 0810
Residential Street Address 208 Kent Rd		City Warren		State CT	Zip Code 06754-1607
Principal Occupation Banker		Name of Employer Citizens			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/03/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Schneider		First Eve		MI	Contribution ID # 0809
Residential Street Address 208 Kent Rd		City Warren		State CT	Zip Code 06754-1607
Principal Occupation VP Finance		Name of Employer VML			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/03/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Patterson		First Ashley		MI	Contribution ID # 0820
Residential Street Address 23 Bigos Rd		City Litchfield		State CT	Zip Code 06759-2605
Principal Occupation Chief of Executive Operations		Name of Employer Democracy Forward			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/04/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Kowalski Weeks		First Karen		MI	Contribution ID # 0821
Residential Street Address 5 Twin Pines Dr		City Wallingford		State CT	Zip Code 06492-6020
Principal Occupation Government Relations		Name of Employer Rome Smith Kowalski			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/05/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Drumm		First John		MI	Contribution ID # 0823
Residential Street Address 24 W Main St Ste 235		City Clinton		State CT	Zip Code 06413-2053
Principal Occupation Law Enforcement		Name of Employer Chief of Police-Madison, CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/07/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Austin		First Joe		MI	Contribution ID # 0822
Residential Street Address 387 Painter Hill Rd		City Roxbury		State CT	Zip Code 06783-1210
Principal Occupation Editor		Name of Employer Chaikin Analytics			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/07/2026	Aggregate Contributions \$300.00	\$300.00

Last Name Jones		First Shevrin		MI	Contribution ID # 0825
Residential Street Address 4702 SW 23rd St		City West Park		State FL	Zip Code 33023-3348
Principal Occupation Self Employed		Name of Employer Self Employed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/08/2026	Aggregate Contributions \$340.00	\$340.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Ulver		First Maria		MI	Contribution ID # 0824
Residential Street Address 29 NE 102nd St		City Miami		State FL	Zip Code 33138-2322
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/08/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Walker		First Joan		MI M	Contribution ID # 0342
Residential Street Address 39 Stepping Stone Ln		City Madison		State CT	Zip Code 06443-1763
Principal Occupation Treasurer		Name of Employer UNAPEN, Inc.			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/08/2026	Aggregate Contributions \$350.00	\$250.00

Last Name Hessel		First Sue		MI	Contribution ID # 0489
Residential Street Address 26 Mount Archer Rd		City Lyme		State CT	Zip Code 06371
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/09/2026	Aggregate Contributions \$100.00	\$50.00

Last Name Kelly		First Barry		MI	Contribution ID # 0826
Residential Street Address 2289 Joshuatown Rd		City Old Lyme		State CT	Zip Code 06371
Principal Occupation Executive		Name of Employer Kelser Corp			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/09/2026	Aggregate Contributions \$228.00	\$228.00

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT

Erick Russell for State Treasurer 26

July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Jones		First Mark Bradley		MI	Contribution ID # 0829
Residential Street Address 1000 Biscayne Blvd Unit 3201		City Miami		State FL	Zip Code 33132-1768
Principal Occupation self employed		Name of Employer MarkBradleyJones 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	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/10/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Riches		First Wendy		MI	Contribution ID # 0828
Residential Street Address 78 Joshuatown Rd		City Old Lyme		State CT	Zip Code 06371-3120
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/10/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Mazzarelli		First Joseph		MI	Contribution ID # 0827
Residential Street Address 9 W 31st St		City New York		State NY	Zip Code 10001-4474
Principal Occupation Sales/marketing		Name of Employer Hollywood at Home			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/10/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Joseph		First Yves		MI	Contribution ID # 0834
Residential Street Address 35 Shorefront Park		City Norwalk		State CT	Zip Code 06854-3752
Principal Occupation RE Developer		Name of Employer RJ Development			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/11/2026	Aggregate Contributions \$340.00	\$340.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Duff		First Joanne		MI	Contribution ID # 0832
Residential Street Address 2 Red Barn Ln		City Norwalk		State CT	Zip Code 06850-1122
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/11/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Bea		First Renee		MI	Contribution ID # 0831
Residential Street Address 11 Sunswyck Rd		City Darien		State CT	Zip Code 06820-6024
Principal Occupation Attorney		Name of Employer Slarskey LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/11/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Caulfield		First Christopher		MI	Contribution ID # 0830
Residential Street Address 24 Main St		City Centerbrook		State CT	Zip Code 06409-2012
Principal Occupation Self Employed		Name of Employer Self Employed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/11/2026	Aggregate Contributions \$250.00	\$250.00

Last Name Gentile		First Vincent		MI J	Contribution ID # 0461
Residential Street Address 35 Horse Shoe Dr		City Westbrook		State CT	Zip Code 06498-1444
Principal Occupation Systems Administrator		Name of Employer Whelen Engineering			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/11/2026	Aggregate Contributions \$140.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Ritch		First Glenn		MI S	Contribution ID # 0451
Residential Street Address 57 Hale Ln		City Darien		State CT	Zip Code 06820-4436
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/11/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Frate		First Corey		MI W	Contribution ID # 0397
Residential Street Address 47 Hecker Ave		City Darien		State CT	Zip Code 06820-5308
Principal Occupation Executive Assistant		Name of Employer 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	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/11/2026	Aggregate Contributions \$76.00	\$24.00

Last Name Joseff		First Jes		MI	Contribution ID # 0836
Residential Street Address 129 Green Hill Rd		City Madison		State CT	Zip Code 06443-2104
Principal Occupation Licensed marriage family therapist		Name of Employer Jessica Joseff Imft			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/12/2026	Aggregate Contributions \$200.00	\$200.00

Last Name Kemp		First Jason		MI	Contribution ID # 0835
Residential Street Address 16 Azalea Ln		City Old Lyme		State CT	Zip Code 06371-2811
Principal Occupation Judicial Branch Employee		Name of Employer State of Connecticut			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/12/2026	Aggregate Contributions \$60.00	\$60.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Norton		First Brian		MI	Contribution ID # 0839
Residential Street Address 577 Brown Brook Rd		City Southbury		State CT	Zip Code 06488-1046
Principal Occupation Psychotherapist		Name of Employer Brian Norton Therapy & Executive Coaching, LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/13/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Sari		First Bernarda		MI	Contribution ID # 0838
Residential Street Address 15 Kingswood Rd		City Danbury		State CT	Zip Code 06811-2810
Principal Occupation Accountant		Name of Employer Self Employed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/13/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Juan		First Maura Newell		MI	Contribution ID # 0837
Residential Street Address 66 Deer Hill Ave		City Danbury		State CT	Zip Code 06810-7938
Principal Occupation Architect		Name of Employer Seventy/architects			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/13/2026	Aggregate Contributions \$10.00	\$10.00

Last Name GARTNER		First ANDREA		MI	Contribution ID # 0645
Residential Street Address 112 Deer Hill Ave		City Danbury		State CT	Zip Code 06810-7939
Principal Occupation Executive Director		Name of Employer Friends of the Norwalk River Valley Trail, Inc.			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/13/2026	Aggregate Contributions \$160.00	\$60.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Desir		First Gary		MI	Contribution ID # 0493
Residential Street Address 11 Zak Hill Dr		City Woodbridge		State CT	Zip Code 06525-1654
Principal Occupation Professor of Medicine		Name of Employer Yale School Med			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/13/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Desir		First Deborah		MI	Contribution ID # 0807
Residential Street Address 11 Zak Hill Dr		City Woodbridge		State CT	Zip Code 06525-1654
Principal Occupation Associate Professor of Medicine		Name of Employer Yale School of Medicine			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/13/2026	Aggregate Contributions \$370.00	\$340.00

Last Name Mounds		First Sharon D.		MI	Contribution ID # 0844
Residential Street Address 53 Cbrookwood Dr		City Rocky Hill		State CT	Zip Code 06067
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/14/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Hornstein		First Abigail		MI	Contribution ID # 0843
Residential Street Address 17 Edmond St		City Darien		State CT	Zip Code 06820-3111
Principal Occupation Professor		Name of Employer 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	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/14/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Walsh		First Thomas		MI	Contribution ID # 0842
Residential Street Address 4 Thomas Waite Dr		City Old Lyme		State CT	Zip Code 06371-1546
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/14/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Romano		First Madeline		MI	Contribution ID # 0841
Residential Street Address 4 Thomas Waite Dr		City Old Lyme		State CT	Zip Code 06371-1546
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/14/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Smyth		First Jean		MI	Contribution ID # 0840
Residential Street Address 389 4 Grassy Hill Rd		City Old Lyme		State CT	Zip Code 06371-3323
Principal Occupation Realtor		Name of Employer Indivisible			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/14/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Genasci		First Gary Ross		MI	Contribution ID # 0845
Residential Street Address 55 Church Ln		City Madison		State CT	Zip Code 06443-2428
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/15/2026	Aggregate Contributions \$55.00	\$55.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Benson		First Peter		MI A	Contribution ID # 0525
Residential Street Address 33 Horseshoe Rd		City Guilford		State CT	Zip Code 06437-2961
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/15/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Shah		First Atul		MI CT	Contribution ID # 0431
Residential Street Address 15 Beacon Hill Dr		City Waterford		State CT	Zip Code 06385-4147
Principal Occupation Engineer		Name of Employer Applied Physical Sciences Corporation			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/16/2026	Aggregate Contributions \$85.00	\$60.00

Last Name Rosen		First Marvin		MI NY	Contribution ID # 0847
Residential Street Address 211 Central Park W Apt 8G		City New York		State NY	Zip Code 10024-6054
Principal Occupation Shareholder		Name of Employer Greenberg Traurig			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/16/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Baker		First Pam		MI CT	Contribution ID # 0846
Residential Street Address 20 Hardscrabble Rd		City Warren		State CT	Zip Code 06754-1720
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/16/2026	Aggregate Contributions \$340.00	\$340.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Becher		First Kristen		MI	Contribution ID # 0851
Residential Street Address 36 Maple Ave		City Essex		State CT	Zip Code 06426-1016
Principal Occupation Homemaker		Name of Employer Homemaker			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/17/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Frankel		First David		MI	Contribution ID # 0850
Residential Street Address 218 Joshuatown Rd		City Lyme		State CT	Zip Code 06371-3035
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/17/2026	Aggregate Contributions \$280.00	\$280.00

Last Name Peterson		First Mary Jane		MI	Contribution ID # 0849
Residential Street Address 35 Cinnamon Rdg		City Old Saybrook		State CT	Zip Code 06475-1057
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/17/2026	Aggregate Contributions \$50.00	\$50.00

Last Name White		First Kristina		MI	Contribution ID # 0848
Residential Street Address 304 Hamburg Rd		City Lyme		State CT	Zip Code 06371-3142
Principal Occupation Administrator		Name of Employer Lyme Land Conservation Trust, Inc.			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/17/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Stone		First Mary		MI J	Contribution ID # 0484
Residential Street Address 217 Blood St		City Lyme		State CT	Zip Code 06371-3509
Principal Occupation Election moderator		Name of Employer Town of Lyme, CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/17/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Gianquinto		First Christine		MI M	Contribution ID # 0450
Residential Street Address 2 Binney Rd		City Old Lyme		State CT	Zip Code 06371-1444
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/17/2026	Aggregate Contributions \$200.00	\$200.00

Last Name Berke		First Devin		MI	Contribution ID # 0857
Residential Street Address 18 Hefflon Farm Rd		City Old Lyme		State CT	Zip Code 06371-2626
Principal Occupation General Manager - National Operations		Name of Employer Interra-innovation Inc			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/18/2026	Aggregate Contributions \$75.00	\$75.00

Last Name Nosal		First Mary Jo		MI	Contribution ID # 0856
Residential Street Address 12 Swanswood Ln		City Old Lyme		State CT	Zip Code 06371-1866
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/18/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name McFadden		First Cynthia		MI	Contribution ID # 0855
Residential Street Address 320 Watrous Point Rd		City Old Saybrook		State CT	Zip Code 06475-1301
Principal Occupation Writer		Name of Employer Fishbone Productions			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/18/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Kroll		First Marc		MI	Contribution ID # 0854
Residential Street Address 5730 E DE Highway Cenador Pso		City Woodbury		State CT	Zip Code 06798
Principal Occupation Consultant		Name of Employer Self Employed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/18/2026	Aggregate Contributions \$30.00	\$30.00

Last Name Armentano		First Phillip		MI	Contribution ID # 0853
Residential Street Address 12 Charnley Rd		City Enfield		State CT	Zip Code 06082-4817
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/18/2026	Aggregate Contributions \$250.00	\$250.00

Last Name Becher		First Courtney		MI	Contribution ID # 0852
Residential Street Address 40 Turkey Hill Rd		City Chester		State CT	Zip Code 06412-1132
Principal Occupation Non-Profit		Name of Employer The Hole in the Wall Gang Camp			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/18/2026	Aggregate Contributions \$60.00	\$60.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Proto		First Robert		MI J	Contribution ID # 0994
Residential Street Address 5 Mansfield Grove Rd Apt 149		City East Haven		State CT	Zip Code 06512
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/18/2026	Aggregate Contributions \$250.00	\$250.00

Last Name Gray		First Laura		MI	Contribution ID # 0738
Residential Street Address 4 N Cove Cir		City Old Saybrook		State CT	Zip Code 06475-2518
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/19/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Barro		First Jen		MI	Contribution ID # 0861
Residential Street Address 18 Dunwoodie Pl		City Greenwich		State CT	Zip Code 06830-3520
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/19/2026	Aggregate Contributions \$30.00	\$30.00

Last Name Pugliese		First Matt		MI	Contribution ID # 0860
Residential Street Address 224 Ingham Hill Rd		City Old Saybrook		State CT	Zip Code 06475-1170
Principal Occupation Administrator		Name of Employer State of CT			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/19/2026	Aggregate Contributions \$30.00	\$30.00

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT

Erick Russell for State Treasurer 26

July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Shah		First Deborah		MI	Contribution ID # 0859
Residential Street Address 12 Rivers Ridge Rd		City Old Saybrook		State CT	Zip Code 06475-1553
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/19/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Deane		First Curtis		MI	Contribution ID # 0858
Residential Street Address PO Box 470		City Old Lyme		State CT	Zip Code 06371-0470
Principal Occupation Southmall U.S.		Name of Employer Self Employed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/19/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Hessel		First Sue		MI	Contribution ID # 0487
Residential Street Address 26 Mount Archer Rd		City Lyme		State CT	Zip Code 06371
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/19/2026	Aggregate Contributions \$150.00	\$50.00

Last Name Manning		First Carol		MI	Contribution ID # 0865
Residential Street Address 7 N Main St Unit 811		City Old Saybrook		State CT	Zip Code 06475-4249
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/20/2026	Aggregate Contributions \$10.00	\$10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Caron		First Richard		MI	Contribution ID # 0864
Residential Street Address 189 Ingham Hill Rd		City Old Saybrook		State CT	Zip Code 06475-1104
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/20/2026	Aggregate Contributions \$75.00	\$75.00

Last Name Caron		First Jean		MI	Contribution ID # 0863
Residential Street Address 189 Ingham Hill Rd		City Old Saybrook		State CT	Zip Code 06475-1104
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/20/2026	Aggregate Contributions \$75.00	\$75.00

Last Name Nappo		First Jennifer		MI	Contribution ID # 0862
Residential Street Address 3 Whitney Dr		City Greenwich		State CT	Zip Code 06831-2532
Principal Occupation Unemployed		Name of Employer Unemployed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/20/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Riefberg		First Lawrence		MI	Contribution ID # 0688
Residential Street Address 6 Ervie Dr		City Danbury		State CT	Zip Code 06811-3291
Principal Occupation Attorney		Name of Employer Law Offices of Lawrence M. Riefberg LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/20/2026	Aggregate Contributions \$200.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Albert		First Perri		MI	Contribution ID # 0867
Residential Street Address 200 Glen Rd		City New Haven		State CT	Zip Code 06511-2844
Principal Occupation Employed		Name of Employer PwC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/20/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Wasserman		First SVETLANA		MI	Contribution ID # 0866
Residential Street Address 37 Day Rd		City Greenwich		State CT	Zip Code 06831-2654
Principal Occupation retired		Name of Employer Svetlana Wasserman			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/20/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Martel		First Julie		MI	Contribution ID # 0869
Residential Street Address 11 1 Stonewood Dr		City Old Lyme		State CT	Zip Code 06371-1890
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/21/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Anderson		First Sydney		MI	Contribution ID # 0868
Residential Street Address 98 Great Hammock Rd		City Old Saybrook		State CT	Zip Code 06475-2030
Principal Occupation Self employed Realtor		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/21/2026	Aggregate Contributions \$30.00	\$30.00

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT

Erick Russell for State Treasurer 26

July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Hand		First Mark		MI	Contribution ID # 0871
Residential Street Address 17 Wild Apple Ln		City Old Saybrook		State CT	Zip Code 06475-1153
Principal Occupation Financial Advisor		Name of Employer Intelligent Advisors LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/22/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Frew		First Elizabeth		MI	Contribution ID # 0870
Residential Street Address 246 Good Hill Rd		City Woodbury		State CT	Zip Code 06798-2504
Principal Occupation retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/22/2026	Aggregate Contributions \$30.00	\$30.00

Last Name Iadarola		First MaryAnn		MI	Contribution ID # 0876
Residential Street Address 175 Ferry Rd Unit 5		City Old Saybrook		State CT	Zip Code 06475-1446
Principal Occupation Retired		Name of Employer Retired Educator			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/22/2026	Aggregate Contributions \$60.00	\$60.00

Last Name Weicker		First Claudia		MI	Contribution ID # 0875
Residential Street Address 15 Partridge Hill Ln		City Essex		State CT	Zip Code 06426-1429
Principal Occupation Homemaker		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/22/2026	Aggregate Contributions \$250.00	\$250.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Needleman		First Norman		MI	Contribution ID # 0874
Residential Street Address 9 Foxboro Rd		City Essex		State CT	Zip Code 06426-1070
Principal Occupation Executive		Name of Employer Tower labs ltd			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/22/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Bruce		First Teri		MI	Contribution ID # 0873
Residential Street Address 21 Edwards Rd		City Old Saybrook		State CT	Zip Code 06475-2637
Principal Occupation Retired/Educational Surrogate Parent		Name of Employer State of Connecticut			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/22/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Holtquist		First Douglas		MI A	Contribution ID # 0434
Residential Street Address 891 Main St S		City Woodbury		State CT	Zip Code 06798-3731
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/22/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Newby		First Cynthia		MI	Contribution ID # 0413
Residential Street Address 12 Grassy Hill Rd		City Roxbury		State CT	Zip Code 06783-1812
Principal Occupation retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/23/2026	Aggregate Contributions \$200.00	\$200.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Falk		First Harris		MI	Contribution ID # 0331
Residential Street Address 14 Overlook Rd		City Westport		State CT	Zip Code 06880-2327
Principal Occupation Consultant		Name of Employer Harris Falk			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/23/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Adams		First Carol		MI	Contribution ID # 0887
Residential Street Address 78 Bill Hill Rd		City Lyme		State CT	Zip Code 06371-3549
Principal Occupation Owner		Name of Employer Ashlawn Farm Coffee			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/23/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Prentice		First William		MI	Contribution ID # 0886
Residential Street Address 138 Joshuatown Rd		City Lyme		State CT	Zip Code 06371-3124
Principal Occupation CEO of Signati Medical Inc		Name of Employer N/A			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/23/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Ladd		First C. Marston		MI	Contribution ID # 0885
Residential Street Address 5 Cricket Ct		City Old Saybrook		State CT	Zip Code 06475-2405
Principal Occupation retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/23/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Frouge		First Tony		MI	Contribution ID # 0884
Residential Street Address 47 Bridge St		City Brooklyn		State NY	Zip Code 11201-1120
Principal Occupation Attorney		Name of Employer NYSE			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/23/2026	Aggregate Contributions \$60.00	\$60.00

Last Name Tyler		First Alison		MI	Contribution ID # 0883
Residential Street Address 260 Airline Rd		City Clinton		State CT	Zip Code 06413-2505
Principal Occupation Nurse		Name of Employer Not Employed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/23/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Jones		First Beth A		MI	Contribution ID # 0882
Residential Street Address 51		City Lyme		State CT	Zip Code 06371
Principal Occupation Rsrch Sci/Scholar; Lecturer		Name of Employer Yale University - School of Public Health			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/23/2026	Aggregate Contributions \$50.00	\$50.00

Last Name STARK		First HOLLY		MI	Contribution ID # 0881
Residential Street Address 16 Bear Burrow Rd		City Roxbury		State CT	Zip Code 06783-1227
Principal Occupation Self Employed: consultant		Name of Employer Bear Burrow Consulting LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/23/2026	Aggregate Contributions \$340.00	\$340.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Ray		First Timothy David		MI	Contribution ID # 0880
Residential Street Address 4527 S Roman St		City New Orleans		State LA	Zip Code 70125-5021
Principal Occupation Attorney		Name of Employer Ray & Associates, LC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/23/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Cooper		First John		MI	Contribution ID # 0879
Residential Street Address 26 The Ridgeway		City Greenwich		State CT	Zip Code 06831-3712
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/23/2026	Aggregate Contributions \$200.00	\$200.00

Last Name falk		First elizabeth		MI	Contribution ID # 0878
Residential Street Address 14 Overlook Rd		City Westport		State CT	Zip Code 06880-2327
Principal Occupation Owner		Name of Employer Okla-Tex, LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/23/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Bergmiller		First Gail		MI	Contribution ID # 0877
Residential Street Address 28 Shepard St		City Old Saybrook		State CT	Zip Code 06475-2323
Principal Occupation Retired		Name of Employer Retiredretired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/23/2026	Aggregate Contributions \$60.00	\$60.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Roach		First Janet		MI	Contribution ID # 0993
Residential Street Address PO Box 655		City Lyme		State CT	Zip Code 06371
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/24/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Fogg		First Russell		MI	Contribution ID # 0992
Residential Street Address 131 Whippoorwill Rd		City Old Lyme		State CT	Zip Code 06371
Principal Occupation Painting Contractor		Name of Employer Self Employed			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/24/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Rubino		First Holly		MI F	Contribution ID # 0991
Residential Street Address 145 Hamburg Rd		City Lyme		State CT	Zip Code 06371
Principal Occupation Editor		Name of Employer Self			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/24/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Perlini		First Paula		MI F	Contribution ID # 0990
Residential Street Address 69 Beaver Brook Rd		City Lyme		State CT	Zip Code 06371
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/24/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Gahagan		First Frederick		MI B	Contribution ID # 0988
Residential Street Address 529 Hamburg Rd		City Lyme		State CT	Zip Code 06371
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/24/2026	Aggregate Contributions \$300.00	\$300.00

Last Name Attanasio		First Anthony		MI F	Contribution ID # 0987
Residential Street Address 97 W Main St # 18		City Niantic		State CT	Zip Code 06357
Principal Occupation Engineer		Name of Employer General Dynamics			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/24/2026	Aggregate Contributions \$50.00	\$50.00

Last Name West		First Eugenia		MI 	Contribution ID # 0986
Residential Street Address 12 Sterling City Rd		City Lyme		State CT	Zip Code 06371
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/24/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Lewis		First Jeannine		MI M	Contribution ID # 0985
Residential Street Address PO Box 324		City Essex		State CT	Zip Code 06426
Principal Occupation Probate Judge		Name of Employer CT Probate Courts			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/24/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Wyszkowski		First Nicolas		MI	Contribution ID # 0984
Residential Street Address 5 Abby Ln		City Essex		State CT	Zip Code 06426
Principal Occupation Physics Research Assistant		Name of Employer 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	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/24/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Kotkin		First Jeffrey		MI R	Contribution ID # 0983
Residential Street Address 81 Coulter St Unit 12		City Old Saybrook		State CT	Zip Code 06475-2371
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/24/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Mooney		First Kieran		MI	Contribution ID # 0895
Residential Street Address 10 Elys Ferry Rd		City Lyme		State CT	Zip Code 06371-3405
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/24/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Clark		First Kendra		MI	Contribution ID # 0894
Residential Street Address 508 Ocean Ave		City New London		State CT	Zip Code 06320-4549
Principal Occupation Registered Nurse		Name of Employer Student			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/24/2026	Aggregate Contributions \$250.00	\$250.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Dahlke		First James		MI	Contribution ID # 0893
Residential Street Address 78 Bill Hill Rd		City Lyme		State CT	Zip Code 06371-3549
Principal Occupation Barista		Name of Employer Ashlawn Farm Coffee			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/24/2026	Aggregate Contributions \$60.00	\$60.00

Last Name Gray		First David		MI	Contribution ID # 0892
Residential Street Address 4 N Cove Cir		City Old Saybrook		State CT	Zip Code 06475-2518
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/24/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Sheridan		First Martin		MI	Contribution ID # 0891
Residential Street Address 277 Cherry Ln		City Myrtle Beach		State SC	Zip Code 29572-5614
Principal Occupation Entrepreneur		Name of Employer Owns own business			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/24/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Quinn		First Bridget		MI	Contribution ID # 0890
Residential Street Address 85 Main St		City Essex		State CT	Zip Code 06426
Principal Occupation Librarian		Name of Employer Hartford Public Library			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/24/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Polo		First Mary-Louise		MI	Contribution ID # 0889
Residential Street Address 16 Old Dobbin Ln		City Ivoryton		State CT	Zip Code 06442-1263
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/24/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Nihoul		First Maria		MI	Contribution ID # 0888
Residential Street Address 177 Joshuatown Rd		City Old Lyme		State CT	Zip Code 06371-3125
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/24/2026	Aggregate Contributions \$60.00	\$60.00

Last Name Sherman		First Ruth		MI	Contribution ID # 0897
Residential Street Address 88 S Water St Unit 103		City Greenwich		State CT	Zip Code 06830-1063
Principal Occupation Consultant		Name of Employer Ruth Sherman Associates, LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/25/2026	Aggregate Contributions \$150.00	\$150.00

Last Name Hardy		First Travis		MI	Contribution ID # 0896
Residential Street Address 7 Homer St		City Norwalk		State CT	Zip Code 06851-2907
Principal Occupation Education Consultant		Name of Employer Classroom Champions			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/25/2026	Aggregate Contributions \$10.00	\$10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Pritchard		First John		MI F	Contribution ID # 0981
Residential Street Address 36 Elys Ferry Rd		City Lyme		State CT	Zip Code 06371-3405
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/25/2026	Aggregate Contributions \$250.00	\$250.00

Last Name Siegelbaum		First Beth		MI M	Contribution ID # 0293
Residential Street Address 57 Russell St		City Norwalk		State CT	Zip Code 06855-1306
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/25/2026	Aggregate Contributions \$25.00	\$15.00

Last Name Erickson		First Laura		MI B	Contribution ID # 0319
Residential Street Address 67 Club Rd		City Riverside		State CT	Zip Code 06878-2003
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/25/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Procaccini		First Erika		MI	Contribution ID # 0710
Residential Street Address 67 Edgerton St		City Darien		State CT	Zip Code 06820-4124
Principal Occupation Marriage & Family Therapist		Name of Employer Self Employed			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/25/2026	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Oberlander		First Jill		MI	Contribution ID # 0604
Residential Street Address 19 Bush Ave		City Greenwich		State CT	Zip Code 06830-7070
Principal Occupation Attorney		Name of Employer New City Parks			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/26/2026	Aggregate Contributions \$250.00	\$250.00

Last Name Downes		First Tara		MI L	Contribution ID # 0357
Residential Street Address 32 Farmington Dr		City Northford		State CT	Zip Code 06472-1168
Principal Occupation Deputy State Comptroller		Name of Employer State of Connecticut			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/26/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Lutz		First Catherine		MI	Contribution ID # 0900
Residential Street Address 25 Orchard St Apt 11		City Stonington		State CT	Zip Code 06378-1356
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/26/2026	Aggregate Contributions \$30.00	\$30.00

Last Name Smith		First Maureen		MI	Contribution ID # 0899
Residential Street Address 20 Ann St		City Old Greenwich		State CT	Zip Code 06870-2326
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/26/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Lilien		First Lindy		MI	Contribution ID # 0898
Residential Street Address 38 Jones Park Dr		City Riverside		State CT	Zip Code 06878-2205
Principal Occupation Unemployed		Name of Employer Unemployed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/26/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Weisbrod		First David		MI A	Contribution ID # 0989
Residential Street Address 97 Husted Ln		City Greenwich		State CT	Zip Code 06830
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/26/2026	Aggregate Contributions \$200.00	\$200.00

Last Name Neithardt		First Vanessa L		MI	Contribution ID # 0906
Residential Street Address 115 South St		City Roxbury		State CT	Zip Code 06783-2001
Principal Occupation Self employed. Photographer		Name of Employer Palmy inn			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/27/2026	Aggregate Contributions \$250.00	\$250.00

Last Name Heintz		First Jacqueline		MI	Contribution ID # 0905
Residential Street Address 154 Charter Oak Rd		City Southbury		State CT	Zip Code 06488-1215
Principal Occupation Project manager		Name of Employer IBM			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/27/2026	Aggregate Contributions \$30.00	\$30.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Lazeski		First Paula		MI	Contribution ID # 0903
Residential Street Address 1 Cross Brook Rd		City Roxbury		State CT	Zip Code 06783-1212
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/27/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Prabhu		First Sumati		MI	Contribution ID # 0902
Residential Street Address 125 Peckslan Rd		City Greenwich		State CT	Zip Code 06831-3651
Principal Occupation None		Name of Employer None			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/27/2026	Aggregate Contributions \$200.00	\$200.00

Last Name Tabner		First Kathryn		MI	Contribution ID # 0901
Residential Street Address 30 Winding Ln		City Greenwich		State CT	Zip Code 06831-3733
Principal Occupation Attorney- retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/27/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Lovig		First Suzanne		MI	Contribution ID # 0727
Residential Street Address 78 Arrowhead Way		City Woodbury		State CT	Zip Code 06798-2017
Principal Occupation Administrative		Name of Employer TopNotch Painting, Ilc			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/27/2026	Aggregate Contributions \$30.00	\$30.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Bernier		First Kevin		MI	Contribution ID # 0728
Residential Street Address 307 E Quasset Rd		City Woodstock		State CT	Zip Code 06281-3308
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/28/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Werner		First Elaine		MI	Contribution ID # 0717
Residential Street Address 48 Mallard Dr		City Avon		State CT	Zip Code 06001-4544
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/28/2026	Aggregate Contributions \$35.00	\$10.00

Last Name Paro		First Roberta		MI	Contribution ID # 0737
Residential Street Address 246 Yantic St # A		City Norwich		State CT	Zip Code 06360-4130
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/28/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Beman		First Elizabeth		MI	Contribution ID # 0740
Residential Street Address 21 Wicker St		City Putnam		State CT	Zip Code 06260-1011
Principal Occupation Teacher		Name of Employer Town of Douglas, MA			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/28/2026	Aggregate Contributions \$10.00	\$10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Wisialowski		First Jane		MI	Contribution ID # 0739
Residential Street Address 28 Cinnamon Rdg		City Old Saybrook		State CT	Zip Code 06475-1082
Principal Occupation Self employed conservator		Name of Employer Jane Wisialowski Conservator			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/28/2026	Aggregate Contributions \$60.00	\$60.00

Last Name Bhalla		First Vanita		MI D	Contribution ID # 0341
Residential Street Address 26 Parkland Dr		City Woodbury		State CT	Zip Code 06798-3637
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/28/2026	Aggregate Contributions \$340.00	\$140.00

Last Name Sarner		First SHARYN		MI F	Contribution ID # 0306
Residential Street Address 122 Frost Pond Rd		City Stamford		State CT	Zip Code 06903-3031
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/28/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Driscoll		First Eileen		MI P	Contribution ID # 0299
Residential Street Address 672 Forest St		City East Hartford		State CT	Zip Code 06118-2070
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/28/2026	Aggregate Contributions \$20.00	\$20.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Bartlett		First Maureen		MI E	Contribution ID # 0411
Residential Street Address 27 Seth Low Mountain Rd		City Ridgefield		State CT	Zip Code 06877-2021
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/28/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Holtquist		First Douglas		MI A	Contribution ID # 0435
Residential Street Address 891 Main St S		City Woodbury		State CT	Zip Code 06798-3731
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/28/2026	Aggregate Contributions \$340.00	\$240.00

Last Name Kessler		First Penny		MI	Contribution ID # 0478
Residential Street Address 22 Spring Hill Ln		City Bethel		State CT	Zip Code 06801-2726
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/28/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Brannelly		First John		MI	Contribution ID # 0591
Residential Street Address 1475 Burr St		City Fairfield		State CT	Zip Code 06824-1861
Principal Occupation Executive Director		Name of Employer Fairfield County Medical 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	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/28/2026	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Angelopoulos		First Maria		MI	Contribution ID # 0910
Residential Street Address 26 Parkland Dr		City Woodbury		State CT	Zip Code 06798-3637
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/28/2026	Aggregate Contributions \$340.00	\$140.00

Last Name Miller		First Patricia		MI	Contribution ID # 0909
Residential Street Address 95 Liberty St Apt A4		City Stamford		State CT	Zip Code 06902-4732
Principal Occupation Connecticut General Assembly		Name of Employer State Senator			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/28/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Olivieri		First Marc		MI	Contribution ID # 0908
Residential Street Address 1 Cross Brook Rd		City Roxbury		State CT	Zip Code 06783-1212
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/28/2026	Aggregate Contributions \$250.00	\$250.00

Last Name Godfrey		First Joseph		MI	Contribution ID # 0907
Residential Street Address 127 Cross Brook Rd		City Woodbury		State CT	Zip Code 06798-1507
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/28/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Leahy		First Jim		MI	Contribution ID # 0939
Residential Street Address 14 Doe Run		City Tolland		State CT	Zip Code 06084-2266
Principal Occupation Managing Director		Name of Employer Liberty Square Group			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Bea		First Renee		MI	Contribution ID # 0938
Residential Street Address 11 Sunswyck Rd		City Darien		State CT	Zip Code 06820-6024
Principal Occupation Attorney		Name of Employer Slarskey LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$55.00	\$5.00

Last Name Cuevas		First Alex		MI	Contribution ID # 0937
Residential Street Address 28 Milan Rd		City Woodbridge		State CT	Zip Code 06525-1810
Principal Occupation DME Administrator		Name of Employer Self Employed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$250.00	\$250.00

Last Name Butler		First Peter		MI	Contribution ID # 0936
Residential Street Address 665 Townsend Ave		City New Haven		State CT	Zip Code 06512-3124
Principal Occupation Social Worker		Name of Employer Amistad High 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	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$30.00	\$30.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Martenson		First Lil		MI 	Contribution ID # 0597
Residential Street Address 14 Clearview Dr		City Sandy Hook		State CT	Zip Code 06482-1334
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$80.00	\$30.00

Last Name Bisson		First Jeffrey		MI W	Contribution ID # 0580
Residential Street Address 9 Park St Apt 412		City Norwalk		State CT	Zip Code 06851-4837
Principal Occupation VP Purchasing		Name of Employer Eastern Bank			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Lane		First Shannon		MI 	Contribution ID # 0486
Residential Street Address 168 Miller Rd		City Bethany		State CT	Zip Code 06524-3237
Principal Occupation Professor		Name of Employer University of Connecticut			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$30.00	\$30.00

Last Name Hemingway		First Maribeth		MI M	Contribution ID # 0505
Residential Street Address 10 Overlook Knoll Rd		City Sandy Hook		State CT	Zip Code 06482-1032
Principal Occupation Administrator		Name of Employer Magner funeral hime			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$60.00	\$30.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Landa		First Keith		MI B	Contribution ID # 0422
Residential Street Address 46 Rocky Hill Rd		City New Fairfield		State CT	Zip Code 06812-2707
Principal Occupation College Administrator		Name of Employer State University of New York			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$90.00	\$30.00

Last Name Kinney		First Stephen		MI R	Contribution ID # 0436
Residential Street Address 20 Cromwell Pl		City Old Saybrook		State CT	Zip Code 06475-2512
Principal Occupation Lobbyist		Name of Employer Gaffney Bennett and Associates			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Blewett		First Kathleen		MI K	Contribution ID # 0410
Residential Street Address 136 Taunton Hill Rd		City Newtown		State CT	Zip Code 06470-1723
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$140.00	\$60.00

Last Name Weinberg		First Robin		MI S	Contribution ID # 0417
Residential Street Address 43 Old Hill Rd		City Westport		State CT	Zip Code 06880-2308
Principal Occupation CSCU		Name of Employer Adjunct professor			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$60.00	\$60.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Mcnaire		First William		MI 	Contribution ID # 0529
Residential Street Address 128 Oxford St		City Hartford		State CT	Zip Code 06105-2514
Principal Occupation General Contractor		Name of Employer R&W McNair LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$250.00	\$250.00

Last Name Gladue		First Barry		MI L	Contribution ID # 0513
Residential Street Address 70 Front St		City New Haven		State CT	Zip Code 06513-3948
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Taylor		First William		MI B	Contribution ID # 0508
Residential Street Address 41 Washington Ave		City Meriden		State CT	Zip Code 06451-5241
Principal Occupation Legislative and Administrative Advisor		Name of Employer State of CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$30.00	\$30.00

Last Name Bumgardner		First Aundre		MI P	Contribution ID # 0335
Residential Street Address 162 Daniel Brown Dr		City Mystic		State CT	Zip Code 06355-1659
Principal Occupation State Representative		Name of Employer State of Connecticut			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT

Erick Russell for State Treasurer 26

July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Brady		First John		MI H	Contribution ID # 0334
Residential Street Address 159 Snake Meadow Hill Rd		City Sterling		State CT	Zip Code 06377-1611
Principal Occupation Vice President		Name of Employer AFT Connecticut			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$100.00	\$75.00

Last Name McKinley		First Patricia		MI A	Contribution ID # 0303
Residential Street Address 100 Lanyon Dr		City Cheshire		State CT	Zip Code 06410-3126
Principal Occupation Strategic Volunteer for Non-Profit Organizations		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Lee		First Kathryn		MI	Contribution ID # 0935
Residential Street Address 202 2 Joshuatown Rd		City Lyme		State CT	Zip Code 06371-3155
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Miller		First Megan		MI	Contribution ID # 0934
Residential Street Address 62 Sherbrook Dr		City Goshen		State CT	Zip Code 06756-1906
Principal Occupation Healthcare		Name of Employer YAA			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$150.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Boritz		First Richard		MI	Contribution ID # 0933
Residential Street Address 401 A Krueger Cir		City Southbury		State CT	Zip Code 06488
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Harp		First Wendell		MI	Contribution ID # 0932
Residential Street Address 139 Lawrence St		City New Haven		State CT	Zip Code 06511-2543
Principal Occupation Self Employed		Name of Employer Self Employed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$250.00	\$250.00

Last Name Hamilton		First Robbin		MI W	Contribution ID # 0315
Residential Street Address 92 Bedford St		City West Haven		State CT	Zip Code 06516-1709
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$45.00	\$20.00

Last Name Abt		First Michelle		MI	Contribution ID # 0313
Residential Street Address 150 June Rd		City Stamford		State CT	Zip Code 06903-3732
Principal Occupation Writer		Name of Employer Pulse Content			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Johnson		First Susan		MI M	Contribution ID # 0327
Residential Street Address 120 Bolivia St		City Willimantic		State CT	Zip Code 06226-2818
Principal Occupation Attorney		Name of Employer O'Brien & Johnson Attorneys at Law			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Gerratana		First Terry		MI 	Contribution ID # 0322
Residential Street Address 11 Dorset Ln		City Farmington		State CT	Zip Code 06032-2330
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$350.00	\$100.00

Last Name Drew		First Jill		MI S	Contribution ID # 0390
Residential Street Address 10 Dakin Rd		City Sharon		State CT	Zip Code 06069-2036
Principal Occupation Manager		Name of Employer Drew Associates			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$160.00	\$100.00

Last Name Taylor		First Sarah		MI 	Contribution ID # 0387
Residential Street Address 41 Washington Ave		City Meriden		State CT	Zip Code 06451-5241
Principal Occupation Teacher		Name of Employer Naugatuck Board of Ed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$30.00	\$30.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name McCarthy Vahey		First Cristin		MI M	Contribution ID # 0386
Residential Street Address 1625 Melville Ave		City Fairfield		State CT	Zip Code 06825-2044
Principal Occupation State Representative		Name of Employer State of CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$30.00	\$30.00

Last Name Demetriades		First James		MI N	Contribution ID # 0447
Residential Street Address 272 Skyview Dr		City Cromwell		State CT	Zip Code 06416-1874
Principal Occupation Lawyer		Name of Employer Ferguson Doyle and Chester PC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$60.00	\$60.00

Last Name Hughes		First Anne		MI M	Contribution ID # 0373
Residential Street Address 67 North St		City Easton		State CT	Zip Code 06612-1065
Principal Occupation Legislator		Name of Employer State of CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$30.00	\$30.00

Last Name Bromley		First Sarah		MI E	Contribution ID # 0372
Residential Street Address 27 Norway St		City Milford		State CT	Zip Code 06461-2917
Principal Occupation Preschool teacher		Name of Employer Bright Horizons			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$55.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Donovan		First Gary		MI	Contribution ID # 0375
Residential Street Address 26 Alling Street Ext		City West Haven		State CT	Zip Code 06516-2801
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$10.00	\$5.00

Last Name Theodore		First Elias		MI	Contribution ID # 0742
Residential Street Address 68 High St		City New Haven		State CT	Zip Code 06511-8976
Principal Occupation Student		Name of Employer Student			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Duff		First Joanne		MI	Contribution ID # 0833
Residential Street Address 2 Red Barn Ln		City Norwalk		State CT	Zip Code 06850-1122
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$35.00	\$10.00

Last Name Simpson		First Robert		MI	Contribution ID # 0931
Residential Street Address 7 Taskers Pond Rd		City Farmington		State CT	Zip Code 06032-1232
Principal Occupation Lawyer		Name of Employer Shook Hardy & Bacon LLP			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$340.00	\$340.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Zemba		First Anthony		MI	Contribution ID # 0930
Residential Street Address 1050 State Street New Haven Ct Apt 405		City New Haven		State CT	Zip Code 06511
Principal Occupation Ecologist		Name of Employer LANDTECH			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$60.00	\$60.00

Last Name Bombero		First Rebecca		MI	Contribution ID # 0929
Residential Street Address 122 W Rock Ave		City New Haven		State CT	Zip Code 06515-2223
Principal Occupation Deputy CAO		Name of Employer CITY OF NEW HAVEN			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$30.00	\$30.00

Last Name Piliero		First Theresa		MI	Contribution ID # 0928
Residential Street Address 15 Village Dr		City Trumbull		State CT	Zip Code 06611-4800
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Rodriguez		First Paola		MI	Contribution ID # 0927
Residential Street Address 3 Olive St		City Bridgeport		State CT	Zip Code 06605-1425
Principal Occupation Technical trainer		Name of Employer United Illuminating Company			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$60.00	\$60.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Ecker		First Charlesanna		MI	Contribution ID # 0926
Residential Street Address 226 Dundee Rd		City Stamford		State CT	Zip Code 06903-3619
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Reiss		First Max		MI	Contribution ID # 0925
Residential Street Address 311 Quaker Ln S		City West Hartford		State CT	Zip Code 06119-2220
Principal Occupation Communications executive		Name of Employer Eversource Energy			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$250.00	\$250.00

Last Name Moler		First Tai		MI	Contribution ID # 0924
Residential Street Address 255 Kohary Dr		City New Haven		State CT	Zip Code 06515-2422
Principal Occupation Self Employed		Name of Employer Self Employed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Mnatsakanov		First Alex		MI	Contribution ID # 0923
Residential Street Address 847 Holland Hill Rd		City Fairfield		State CT	Zip Code 06824-5270
Principal Occupation Senior Product Manager		Name of Employer DocuPet			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Ferraro		First Pam		MI	Contribution ID # 0922
Residential Street Address 43 Angelus Dr		City Greenwich		State CT	Zip Code 06831-3634
Principal Occupation fundraising professional		Name of Employer Greenwich Academy			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Farrell		First Molly		MI	Contribution ID # 0921
Residential Street Address 665 Rock Ridge Rd		City Fairfield		State CT	Zip Code 06824-2251
Principal Occupation Educator		Name of Employer Fairfield Public Schools			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Harriman		First Rebekah		MI	Contribution ID # 0920
Residential Street Address 5 Sealand Dr		City Newtown		State CT	Zip Code 06470-1315
Principal Occupation Government Affairs		Name of Employer Cox Communications			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$60.00	\$60.00

Last Name Porcelli		First Richard		MI	Contribution ID # 0919
Residential Street Address 69 Arnold Ave		City Cranston		State RI	Zip Code 02905-3813
Principal Occupation Owner- Porcellis Auto Center		Name of Employer Porcellis Auto Centet			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$250.00	\$250.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Gemski		First Elizabeth		MI	Contribution ID # 0918
Residential Street Address 35 Garden St		City Farmington		State CT	Zip Code 06032-2203
Principal Occupation LOBBYIST		Name of Employer Kozak & Salina			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Raucci		First Rick		MI	Contribution ID # 0917
Residential Street Address 103 Winslow Dr		City West Haven		State CT	Zip Code 06516-6915
Principal Occupation Educator		Name of Employer Danbury Public Schools			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Persico		First Tracy		MI	Contribution ID # 0916
Residential Street Address 390 Narrow Ln		City Orange		State CT	Zip Code 06477-3315
Principal Occupation Lobbyist		Name of Employer Brown Rudnick			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Feldlaufer		First Harriet		MI	Contribution ID # 0915
Residential Street Address 50 Cornwall Rd		City Warren		State CT	Zip Code 06754-1715
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Diorio		First Sara		MI	Contribution ID # 0914
Residential Street Address 71 Aiken St Apt E12		City Norwalk		State CT	Zip Code 06851-2180
Principal Occupation Education		Name of Employer Westport board of ed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Grabarz		First Joe		MI	Contribution ID # 0913
Residential Street Address 66 3rd St		City New Britain		State CT	Zip Code 06051-1635
Principal Occupation Lobbyist		Name of Employer Gallo Robinson			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$60.00	\$60.00

Last Name Brown-Dean		First Khalilah		MI	Contribution ID # 0912
Residential Street Address 17 McKinley Ave		City New Haven		State CT	Zip Code 06515-2733
Principal Occupation Educator		Name of Employer 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	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$30.00	\$30.00

Last Name Yeager		First Candice		MI	Contribution ID # 0911
Residential Street Address 19 Sea Beach Dr		City Stamford		State CT	Zip Code 06902-8125
Principal Occupation Homemaker		Name of Employer Homemaker			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Kelley		First Kerry		MI	Contribution ID # 0761
Residential Street Address 275 Fern St		City West Hartford		State CT	Zip Code 06119-1169
Principal Occupation Executive		Name of Employer CT State Community College			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$110.00	\$30.00

Last Name kaiko		First jacqueline		MI	Contribution ID # 0789
Residential Street Address 310 Halliwell Dr		City Stamford		State CT	Zip Code 06902-2018
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$130.00	\$100.00

Last Name Merrill		First Denise		MI	Contribution ID # 0723
Residential Street Address 222 Separatist Rd		City Storrs		State CT	Zip Code 06268-1918
Principal Occupation Retired		Name of Employer Retiredretired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$160.00	\$60.00

Last Name Pistilli		First Sharon		MI	Contribution ID # 0706
Residential Street Address 107 Lota Dr		City Fairfield		State CT	Zip Code 06825-3602
Principal Occupation Director Talent Solutions		Name of Employer Aon			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$35.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Curley		First Michael		MI	Contribution ID # 0607
Residential Street Address 7 Manor Ln		City West Hartford		State CT	Zip Code 06107-1513
Principal Occupation Attorney		Name of Employer Guided Legacy Law			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$7.00	\$7.00

Last Name Bergenn		First James		MI	Contribution ID # 0610
Residential Street Address 50 Castlewood Rd		City West Hartford		State CT	Zip Code 06107-2903
Principal Occupation Attorney		Name of Employer Shipman & Goodwin LLP			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$85.00	\$30.00

Last Name Pearson		First Patricia		MI	Contribution ID # 0642
Residential Street Address 281 Bittersweet Rd		City Orange		State CT	Zip Code 06477-2001
Principal Occupation Insurance agent		Name of Employer Trish Pearson Insurance Services llc			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$120.00	\$60.00

Last Name Deeds		First Denese		MI A	Contribution ID # 0551
Residential Street Address 65 Walnut Tree Hill Rd		City Shelton		State CT	Zip Code 06484-2514
Principal Occupation Consultant		Name of Employer IHSC, LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$110.00	\$60.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Widlitz		First Pat		MI M	Contribution ID # 0549
Residential Street Address 12 Island Bay Cir		City Guilford		State CT	Zip Code 06437-3058
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Dedios		First Jalmar		MI 	Contribution ID # 0537
Residential Street Address 31 Woodland St		City Hartford		State CT	Zip Code 06105-2332
Principal Occupation Administrator		Name of Employer State of Connecticut			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Hale		First Gary		MI A	Contribution ID # 0540
Residential Street Address 22314 Town Walk Dr		City Hamden		State CT	Zip Code 06518-3761
Principal Occupation Renewable Energy Developer		Name of Employer Government Strategies Consulting, LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$200.00	\$100.00

Last Name Ritter		First Betsy		MI B	Contribution ID # 0547
Residential Street Address 24 Old Mill Rd		City Quaker Hill		State CT	Zip Code 06375-1319
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$20.00	\$20.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Passaro		First Cara		MI	Contribution ID # 0545
Residential Street Address 1 Fern St		City Hartford		State CT	Zip Code 06105-2222
Principal Occupation Lawyer		Name of Employer State of CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$100.00	\$100.00

Last Name O'Brien		First Mary		MI	Contribution ID # 0544
Residential Street Address 154 McTigh Rd		City Higganum		State CT	Zip Code 06441-4420
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Malloy		First Mike		MI S	Contribution ID # 0543
Residential Street Address 149 Spoonville Rd		City East Granby		State CT	Zip Code 06026-9614
Principal Occupation Automotive Business Owner		Name of Employer East Granby Motors LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Hershman		First Linda		MI	Contribution ID # 0557
Residential Street Address 106 Stonebridge Ct Apt 5411		City Cheshire		State CT	Zip Code 06410-5411
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$120.00	\$60.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Gaines		First Richard		MI A	Contribution ID # 0559
Residential Street Address 51 Black Bridge Rd		City Sandy Hook		State CT	Zip Code 06482-1077
Principal Occupation IT Consultant		Name of Employer R. Gaines Consulting			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$55.00	\$20.00

Last Name Berryman		First Jonathan		MI Q	Contribution ID # 0564
Residential Street Address 55 Walnut St Apt 7		City New Haven		State CT	Zip Code 06511-5016
Principal Occupation Teacher		Name of Employer Nhboe			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$75.00	\$20.00

Last Name Gold		First Lindy Lee		MI	Contribution ID # 0624
Residential Street Address 360 Fountain St Apt 13		City New Haven		State CT	Zip Code 06515-2610
Principal Occupation Economic Developmenr		Name of Employer State of CT DECD			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$54.00	\$18.00

Last Name Constantine		First Savet		MI	Contribution ID # 0726
Residential Street Address 135 Whipstick Rd		City Wilton		State CT	Zip Code 06897-1232
Principal Occupation State Rep		Name of Employer CT 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	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$60.00	\$60.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Kim		First Jung Soo		MI	Contribution ID # 0724
Residential Street Address 148 Deer Run Rd		City Wilton		State CT	Zip Code 06897-1207
Principal Occupation Product Manager		Name of Employer FactSet Research			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Callahan		First John		MI	Contribution ID # 0603
Residential Street Address 230 Kenwood Ave		City Hamden		State CT	Zip Code 06518-2138
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$25.00	\$25.00

Last Name DiMartino		First Joseph		MI	Contribution ID # 0711
Residential Street Address 8 1/2 Talmadge St		City Derby		State CT	Zip Code 06418-1005
Principal Occupation Mayor		Name of Employer City of Derby			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$30.00	\$30.00

Last Name Thompson		First Dan		MI	Contribution ID # 0715
Residential Street Address 1 Strawberry Ln		City East Hartford		State CT	Zip Code 06118-1262
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Tyszka		First Frank		MI	Contribution ID # 0714
Residential Street Address 18 Shortell Dr		City Ansonia		State CT	Zip Code 06401-2402
Principal Occupation Mayor		Name of Employer City of Ansonia			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$30.00	\$5.00

Last Name Jimenez		First Cristopher		MI	Contribution ID # 0720
Residential Street Address 68 Anthony Rd		City Tolland		State CT	Zip Code 06084-4034
Principal Occupation Office Manager		Name of Employer Carmon Funeral Home			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Gabriele		First Tim		MI	Contribution ID # 0718
Residential Street Address 18 Renee Ln		City North Haven		State CT	Zip Code 06473-3437
Principal Occupation Recruiting Coordinator		Name of Employer Yale university			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Underwood		First Janis		MI E	Contribution ID # 0798
Residential Street Address 73 Woodside Ter		City New Haven		State CT	Zip Code 06515-2020
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$90.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Weaver		First Belinda		MI D	Contribution ID # 0686
Residential Street Address 224 Walnut St		City Waterbury		State CT	Zip Code 06704-4003
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$105.00	\$20.00

Last Name Jamilkowski		First Jeremy		MI CT	Contribution ID # 0745
Residential Street Address 408 Fort Hale Rd		City New Haven		State CT	Zip Code 06512-3663
Principal Occupation Architect		Name of Employer Amenta emma architects			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Redente		First Frank		MI CT	Contribution ID # 0744
Residential Street Address 67 Downing St		City New Haven		State CT	Zip Code 06513-3219
Principal Occupation Youth Development		Name of Employer City of New Haven BOE			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Sanchez		First Iris		MI CT	Contribution ID # 0743
Residential Street Address 242 Washington St Unit 1S		City New Britain		State CT	Zip Code 06051-1038
Principal Occupation Legislator		Name of Employer State of Connecticut			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$10.00	\$10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Lewis		First Diane		MI	Contribution ID # 0751
Residential Street Address 69 Congress St Apt B		City Hartford		State CT	Zip Code 06114-4074
Principal Occupation Case Manager		Name of Employer Building Trades Training Institute			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Stargardter		First Katherine		MI	Contribution ID # 0787
Residential Street Address 8 Lisa Ln		City Tolland		State CT	Zip Code 06084-3536
Principal Occupation Legislative affairs		Name of Employer State of CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$10.00	\$5.00

Last Name Hauselt		First John		MI	Contribution ID # 0748
Residential Street Address 34 Mildred Rd		City Meriden		State CT	Zip Code 06450-4830
Principal Occupation IT Analyst		Name of Employer Eversource Energy			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Coker		First Kayla		MI	Contribution ID # 0734
Residential Street Address 46 Young Dixon Way		City Stamford		State CT	Zip Code 06902-6416
Principal Occupation Transportation		Name of Employer Town 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	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$10.00	\$10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Maley		First Ed		MI J	Contribution ID # 0364
Residential Street Address 4 Shawnee Ct		City Cromwell		State CT	Zip Code 06416-1224
Principal Occupation Attorney		Name of Employer State of Connecticut Legislative Management			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Barcellos-Allen		First Dana		MI M	Contribution ID # 0367
Residential Street Address 5 Fall Brk		City Avon		State CT	Zip Code 06001-3523
Principal Occupation Fundraising		Name of Employer Connecticut Museum of Culture and History			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Melendez		First Eloisa		MI M	Contribution ID # 0366
Residential Street Address 201 Interstate St NE Apt 418		City Washington		State DC	Zip Code 20002-4459
Principal Occupation Lead Manager		Name of Employer State of Connecticut			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Tate		First Rosemarie		MI	Contribution ID # 0371
Residential Street Address 598 S Quaker Ln		City West Hartford		State CT	Zip Code 06110-1025
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$30.00	\$30.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Hayes		First Shiela		MI S	Contribution ID # 0356
Residential Street Address 382 Laurel Hill Ave Apt 30		City Norwich		State CT	Zip Code 06360-6921
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$120.00	\$60.00

Last Name Druckman		First Robin		MI	Contribution ID # 0358
Residential Street Address 94 Fieldstone Ter		City Stamford		State CT	Zip Code 06902-2573
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Dunne		First Cynthia		MI j	Contribution ID # 0349
Residential Street Address 133 Bates Ave		City Putnam		State CT	Zip Code 06260-1306
Principal Occupation ZEO		Name of Employer town of thompson			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Weber		First Mary		MI	Contribution ID # 0348
Residential Street Address 5 Slaughter House Rd		City New Preston		State CT	Zip Code 06777-1816
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$90.00	\$30.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Santiago		First Hilda		MI	Contribution ID # 0354
Residential Street Address 86 South Ave		City Meriden		State CT	Zip Code 06451-7650
Principal Occupation Legislator		Name of Employer State of conn			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Bysiewicz		First Susan		MI	Contribution ID # 0351
Residential Street Address 15 Tall Timbers Rd		City Middletown		State CT	Zip Code 06457-7116
Principal Occupation Lt. Governor/Attorney		Name of Employer State of Connecticut			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Stafford		First Joe		MI S	Contribution ID # 0446
Residential Street Address 48 Claybar Dr		City West Hartford		State CT	Zip Code 06117-3014
Principal Occupation Self Employed		Name of Employer Self Employed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Gatling		First Irene		MI B	Contribution ID # 0445
Residential Street Address 247 Whipstick Rd		City Wilton		State CT	Zip Code 06897-1315
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$160.00	\$60.00

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT

Erick Russell for State Treasurer 26

July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Frenaye		First Tom		MI	Contribution ID # 0449
Residential Street Address 489 Warnertown Rd		City West Suffield		State CT	Zip Code 06093-2225
Principal Occupation retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$65.00	\$65.00

Last Name Weisselberg		First Susan		MI E	Contribution ID # 0442
Residential Street Address 46 Oliver Rd		City New Haven		State CT	Zip Code 06515-2734
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$130.00	\$100.00

Last Name Pruslow		First Darren		MI	Contribution ID # 0439
Residential Street Address 90 Heloise St		City Hamden		State CT	Zip Code 06517-3422
Principal Occupation Attorney		Name of Employer Connecticut Veterans Lefal Center			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Govert		First Theresa		MI	Contribution ID # 0465
Residential Street Address 22 Knoll Rd		City Moodus		State CT	Zip Code 06469-1422
Principal Occupation Policy advisor		Name of Employer State of Connecticut			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$15.00	\$15.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Templeton		First Vivian		MI	Contribution ID # 0462
Residential Street Address 1008 Bullet Hill Rd		City Southbury		State CT	Zip Code 06488-2669
Principal Occupation Farmer		Name of Employer Aradia Farm LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$25.00	\$25.00

Last Name HARRIS		First TYRON		MI V	Contribution ID # 0459
Residential Street Address 31 High St		City East Hartford		State CT	Zip Code 06118-1874
Principal Occupation HR		Name of Employer Town of East Hartford			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$19.06	\$19.06

Last Name DiLaura		First Arnold		MI	Contribution ID # 0456
Residential Street Address 99 Barry Ave		City Ridgefield		State CT	Zip Code 06877-4311
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$105.00	\$5.00

Last Name Sanchez		First Robert		MI C	Contribution ID # 0455
Residential Street Address 269 Washington St		City New Britain		State CT	Zip Code 06051-1024
Principal Occupation Mayor		Name of Employer City of New Britain			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Knickerbocker		First Matthew		MI S	Contribution ID # 0385
Residential Street Address 10 Colonial Dr		City Bethel		State CT	Zip Code 06801-1228
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$30.00	\$30.00

Last Name Kim		First Christine		MI CT	Contribution ID # 0391
Residential Street Address 406 Humphrey St		City New Haven		State CT	Zip Code 06511-3711
Principal Occupation Unemployed		Name of Employer Unemployed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$50.00	\$20.00

Last Name Bruneau		First Maureen		MI CT	Contribution ID # 0326
Residential Street Address 140 Aimes Dr		City West Haven		State CT	Zip Code 06516-7002
Principal Occupation Bruneaus Garage Inc		Name of Employer Bruneaus Garage Inc			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$60.00	\$60.00

Last Name Embree Ku		First Michelle		MI CT	Contribution ID # 0320
Residential Street Address 28 Platts Hill Rd		City Newtown		State CT	Zip Code 06470-2532
Principal Occupation Regulatory Submissions Scientist		Name of Employer Atrium			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Bruneau		First Robert		MI	Contribution ID # 0311
Residential Street Address 140 Aimes Dr		City West Haven		State CT	Zip Code 06516-7002
Principal Occupation Roberts Service Center Inc		Name of Employer Roberts Service Center			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$60.00	\$60.00

Last Name Moriarty		First Leslie		MI	Contribution ID # 0316
Residential Street Address 150 Parsonage Rd		City Greenwich		State CT	Zip Code 06830-3943
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Sheridan		First Barbara		MI J	Contribution ID # 0305
Residential Street Address 86 Strawberry Hill Ave Apt 1		City Stamford		State CT	Zip Code 06902-2640
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$55.00	\$55.00

Last Name Goldberg		First Rachel		MI	Contribution ID # 0307
Residential Street Address 123 Harbor Dr Apt 201		City Stamford		State CT	Zip Code 06902-7460
Principal Occupation Attorney		Name of Employer Self: Rachel Goldberg, Attorney At Law			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$340.00	\$340.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Turner		First Bill		MI	Contribution ID # 0298
Residential Street Address 297 New London Tpke		City Stonington		State CT	Zip Code 06378-1713
Principal Occupation Realtor, Berkshire Hathaway Home Services		Name of Employer Realtor			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$200.00	\$100.00

Last Name Cahill		First Laura		MI	Contribution ID # 0329
Residential Street Address 17 Montauk Way		City Glastonbury		State CT	Zip Code 06033-3394
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Lansner		First Thomas		MI P	Contribution ID # 0328
Residential Street Address 27 Laurel Cir		City East Windsor		State CT	Zip Code 06088-1717
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$10.00	\$5.00

Last Name Timpanelli		First Paul		MI S	Contribution ID # 0338
Residential Street Address 5628 Main St		City Trumbull		State CT	Zip Code 06611-3029
Principal Occupation Business Consulting, Real REstate		Name of Employer Connections Plus, LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Bailey		First Matthew		MI	Contribution ID # 0506
Residential Street Address 665 Townsend Ave		City New Haven		State CT	Zip Code 06512-3124
Principal Occupation Funeral director		Name of Employer B.C. Bailey Funeral Home			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Asher		First Jeffrey		MI A	Contribution ID # 0511
Residential Street Address 49 Reed Dr		City Manchester		State CT	Zip Code 06040-6775
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$350.00	\$100.00

Last Name Allocca		First Marco		MI	Contribution ID # 0510
Residential Street Address 162 Putting Green Rd		City Trumbull		State CT	Zip Code 06611-2521
Principal Occupation Lawyer		Name of Employer Silver Golub & Teitell LLP			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Lyddy		First Christopher		MI	Contribution ID # 0509
Residential Street Address 215 Stevenson Rd		City New Haven		State CT	Zip Code 06515-2469
Principal Occupation Director		Name of Employer State of Connecticut			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$340.00	\$340.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Ferzola		First Robert		MI	Contribution ID # 0515
Residential Street Address 20 Helen St		City Centereach		State NY	Zip Code 11720-3868
Principal Occupation Office Administrator / Manager		Name of Employer EXIT Realty Island Elite			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$60.00	\$30.00

Last Name Milstein		First Jeanne		MI M	Contribution ID # 0527
Residential Street Address 25 Eldane St		City New London		State CT	Zip Code 06320-2904
Principal Occupation Director, human services		Name of Employer City of new london			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Lyddy		First Ryan		MI	Contribution ID # 0523
Residential Street Address 126 Head of Meadow Rd		City Newtown		State CT	Zip Code 06470-1759
Principal Occupation Troy security systems		Name of Employer Troy security systems			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Suggs-Alston		First Felicia		MI	Contribution ID # 0532
Residential Street Address 21 Linvale Ln		City Bridgewater		State NJ	Zip Code 08807-2351
Principal Occupation Manager		Name of Employer Takeda			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$500.00	\$250.00

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT

Erick Russell for State Treasurer 26

July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Gray		First Lauren		MI	Contribution ID # 0402
Residential Street Address 205 Wilson Rd		City Orange		State CT	Zip Code 06477-3423
Principal Occupation Communications Director		Name of Employer Ned for CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Chafee		First Brandon		MI B	Contribution ID # 0416
Residential Street Address 73 Ten Acre Rd		City Middletown		State CT	Zip Code 06457-1731
Principal Occupation Engineer		Name of Employer Eversource			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$30.00	\$30.00

Last Name Anderson		First Bryan		MI N	Contribution ID # 0412
Residential Street Address 49 Ingersol Rd		City Milford		State CT	Zip Code 06460-3601
Principal Occupation Realtor		Name of Employer Sarah Harrower Realty			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Just		First Jen		MI R	Contribution ID # 0408
Residential Street Address 157 Center Rd		City Woodbridge		State CT	Zip Code 06525-1840
Principal Occupation writer		Name of Employer 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	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$20.00	\$20.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Braswell		First Natalie		MI A	Contribution ID # 0430
Residential Street Address 68 Filley St		City Bloomfield		State CT	Zip Code 06002-1874
Principal Occupation Attorney		Name of Employer State of Connecticut			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$250.00	\$250.00

Last Name Douglass		First Frank		MI 	Contribution ID # 0429
Residential Street Address 570 Elm Street New Haven Ct		City New Haven		State CT	Zip Code 06511
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Fagerstal		First Christina		MI T	Contribution ID # 0424
Residential Street Address 289 Weed St		City New Canaan		State CT	Zip Code 06840-6117
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$35.00	\$10.00

Last Name Surgeon		First Shirley		MI A	Contribution ID # 0427
Residential Street Address 160 Adams St # 6112		City Hartford		State CT	Zip Code 06112-1802
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Frazier		First Jarrett		MI	Contribution ID # 0504
Residential Street Address 205 Wilson Rd		City Orange		State CT	Zip Code 06477-3423
Principal Occupation Engineering director		Name of Employer Comcast			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Thommen		First David		MI	Contribution ID # 0500
Residential Street Address 450 Lake Ave		City Bridgeport		State CT	Zip Code 06605-3517
Principal Occupation Realtor		Name of Employer William Pitt Sotheby's			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$120.00	\$20.00

Last Name Moran		First Christopher		MI	Contribution ID # 0497
Residential Street Address 68 Anthony Rd		City Tolland		State CT	Zip Code 06084-4034
Principal Occupation Attorney		Name of Employer State of Connecticut			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Walker		First Susan		MI K	Contribution ID # 0492
Residential Street Address 145 Winslow Dr		City West Haven		State CT	Zip Code 06516-6915
Principal Occupation RetiredK		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$30.00	\$30.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Mays		First Michelle		MI C	Contribution ID # 0491
Residential Street Address 85 Canton St		City West Haven		State CT	Zip Code 06516-2204
Principal Occupation Consultant		Name of Employer A Mays in Consulting LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$15.00	\$15.00

Last Name Troiano		First Bryan		MI J	Contribution ID # 0495
Residential Street Address 520 Washington Ave Apt 1409		City North Haven		State CT	Zip Code 06473-1399
Principal Occupation Social Worker		Name of Employer Wallingford Public Schools			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Thompson		First Kimberly		MI D	Contribution ID # 0485
Residential Street Address 2 Littlefield Ln		City Old Lyme		State CT	Zip Code 06371-1114
Principal Occupation Clinical terearch		Name of Employer Early access care			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$20.00	\$20.00

Last Name wyatt		First Michele		MI A	Contribution ID # 0483
Residential Street Address 14 Beech Pl		City Colchester		State CT	Zip Code 06415-1710
Principal Occupation Tax Collector		Name of Employer Town of Colchester			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$30.00	\$30.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name yordon		First mary		MI X	Contribution ID # 0480
Residential Street Address 67 North St		City Easton		State CT	Zip Code 06612-1065
Principal Occupation Teacher		Name of Employer Norwalk Public schools			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$10.00	\$5.00

Last Name Crawford		First Mary Ellen		MI	Contribution ID # 0472
Residential Street Address 60 Morningside Ter 60 Morningside Ter		City Wallingford		State CT	Zip Code 06492
Principal Occupation Social Worker		Name of Employer Soul Friends Inc.			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Johnson		First Stephanie		MI	Contribution ID # 0581
Residential Street Address 1212 Main St Apt 313		City Hartford		State CT	Zip Code 06103-1266
Principal Occupation Attorney		Name of Employer The Hartford			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Sullivan		First Dylan		MI	Contribution ID # 0571
Residential Street Address 10 E Jones St		City Savannah		State GA	Zip Code 31401-4515
Principal Occupation Designer		Name of Employer Sean anderson 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	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$260.00	\$60.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Cashman		First Damian		MI	Contribution ID # 0578
Residential Street Address 183 Stonehedge Ln		City Guilford		State CT	Zip Code 06437-2208
Principal Occupation Mortgage Broker		Name of Employer Ascend Financial Network			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$250.00	\$250.00

Last Name Park		First Caroline		MI	Contribution ID # 0576
Residential Street Address 140 McKinley Ave		City New Haven		State CT	Zip Code 06515-2008
Principal Occupation Attorney		Name of Employer Wiggin and Dana LLP			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Anderson		First Matthew		MI	Contribution ID # 0575
Residential Street Address 555 10th Ave		City New York		State NY	Zip Code 10018-1173
Principal Occupation Physician		Name of Employer IGEA brain and soone			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Palmieri		First Jacqueline		MI	Contribution ID # 0599
Residential Street Address 60 Garnet Pl		City Stratford		State CT	Zip Code 06614-2024
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Allocca		First Nichole		MI	Contribution ID # 0598
Residential Street Address 162 Putting Green Rd		City Trumbull		State CT	Zip Code 06611-2521
Principal Occupation Unemployed		Name of Employer Unemployed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Mushinsky		First Mary		MI	Contribution ID # 0469
Residential Street Address 188 S Cherry St		City Wallingford		State CT	Zip Code 06492-4016
Principal Occupation Legislator		Name of Employer State of Connecticut			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$50.00	\$10.00

Last Name Maher		First Margaret		MI M	Contribution ID # 0590
Residential Street Address 157 1/2 Kings Hwy Apt C		City Milford		State CT	Zip Code 06460-8069
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$30.00	\$30.00

Last Name Hand		First Mark		MI	Contribution ID # 0872
Residential Street Address 17 Wild Apple Ln		City Old Saybrook		State CT	Zip Code 06475-1153
Principal Occupation Financial Advisor		Name of Employer Intelligent Advisors LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$200.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Lazeski		First Paula		MI	Contribution ID # 0904
Residential Street Address 1 Cross Brook Rd		City Roxbury		State CT	Zip Code 06783-1212
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$160.00	\$60.00

Last Name Crisci		First Anthony		MI	Contribution ID # 0980
Residential Street Address 21 Knollwood Rd		City Norwalk		State CT	Zip Code 06854-3904
Principal Occupation Administrator		Name of Employer World Health Clinicians			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$30.00	\$30.00

Last Name Harries		First Garth		MI	Contribution ID # 0979
Residential Street Address 136 Lounsbury Rd		City Ridgefield		State CT	Zip Code 06877-4730
Principal Occupation Organizer, CEO		Name of Employer The Connecticut Project			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$100.00	\$100.00

Last Name DeRosa		First Joseph		MI	Contribution ID # 0978
Residential Street Address 718 Mulberry Point Rd		City Guilford		State CT	Zip Code 06437-3556
Principal Occupation Consultant		Name of Employer Usi consulting group			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$250.00	\$250.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Durrant		First Philippa		MI	Contribution ID # 0977
Residential Street Address 138 Whitcomb Hill Rd # 96		City Cornwall Bridge		State CT	Zip Code 06754-1227
Principal Occupation Small Business Owner		Name of Employer Arena Destination Marketing			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Gray		First Jeff		MI	Contribution ID # 0976
Residential Street Address 35 Sheehan Rd		City Warren		State CT	Zip Code 06777-1009
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$250.00	\$250.00

Last Name Hertlein		First Victoria		MI	Contribution ID # 0975
Residential Street Address 1 Ardell Rd		City Bronxville		State NY	Zip Code 10708-6501
Principal Occupation Social worker		Name of Employer The guidance center of westchester			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$15.00	\$15.00

Last Name Tartell		First Karen		MI	Contribution ID # 0974
Residential Street Address 116 Washington Post Dr		City Wilton		State CT	Zip Code 06897-4633
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$20.00	\$20.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Newton		First David		MI	Contribution ID # 0973
Residential Street Address 428		City New Haven		State CT	Zip Code 06511
Principal Occupation Consultant		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$250.00	\$250.00

Last Name Iacurci		First Rex		MI	Contribution ID # 0972
Residential Street Address 43 Parkway Dr		City Trumbull		State CT	Zip Code 06611-4123
Principal Occupation legal editor		Name of Employer Relx PLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Johnson		First Amir		MI	Contribution ID # 0971
Residential Street Address 100 Hartland St		City Hartford		State CT	Zip Code 06112-1132
Principal Occupation Director		Name of Employer none			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Josie		First Lancelot		MI	Contribution ID # 0970
Residential Street Address 1 University Pl		City New Haven		State CT	Zip Code 06511-3240
Principal Occupation General Contractor		Name of Employer Lance-Scaping and Construction			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Bartlett Josie		First Christine		MI	Contribution ID # 0969
Residential Street Address 1 University Pl		City New Haven		State CT	Zip Code 06511-3240
Principal Occupation Consultant		Name of Employer DNA Campaigns			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Leahy		First James		MI	Contribution ID # 0968
Residential Street Address 14 Doe Run		City Tolland		State CT	Zip Code 06084-2266
Principal Occupation Managing Director		Name of Employer Liberty Square Group			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Adams		First Bruce		MI	Contribution ID # 0967
Residential Street Address 33 Riggs Ave		City West Hartford		State CT	Zip Code 06107-2740
Principal Occupation CEO		Name of Employer Connecticut's credit unions			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$200.00	\$50.00

Last Name Conneely		First Martha		MI	Contribution ID # 0966
Residential Street Address 12 Fairmont St		City Wethersfield		State CT	Zip Code 06109-2211
Principal Occupation Park Development Manager		Name of Employer Riverfront Recapture			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Piscitelli		First Michael		MI	Contribution ID # 0965
Residential Street Address 353 Summit St		City New Haven		State CT	Zip Code 06513-4107
Principal Occupation Planner		Name of Employer City of New Haven			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Higgins		First Eddie		MI	Contribution ID # 0964
Residential Street Address 1204 Whitney Ave		City Hamden		State CT	Zip Code 06517-2873
Principal Occupation Realtor		Name of Employer BG Realty/ The Trinity Bar			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$150.00	\$150.00

Last Name Tucker		First Katherine		MI	Contribution ID # 0963
Residential Street Address 156 Peabody St		City West Haven		State CT	Zip Code 06516-2531
Principal Occupation Nurse		Name of Employer Scsu, city on new haven			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Desmond		First Melissa		MI	Contribution ID # 0962
Residential Street Address 68 Ley St		City New Haven		State CT	Zip Code 06512-3920
Principal Occupation Attorney		Name of Employer CT Dept. of Banking			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$300.00	\$300.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Better-Wirz		First Antonia		MI	Contribution ID # 0961
Residential Street Address 76 Ken Ct		City Stamford		State CT	Zip Code 06905-1026
Principal Occupation Unemployed		Name of Employer Unemployed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Schneider		First Eric		MI	Contribution ID # 0960
Residential Street Address 208 Kent Rd		City Warren		State CT	Zip Code 06754-1607
Principal Occupation Mortgage Banker		Name of Employer Citizens Bank			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$340.00	\$240.00

Last Name Punzo		First Sal		MI	Contribution ID # 0959
Residential Street Address 675 Townsend Ave Unit 106		City New Haven		State CT	Zip Code 06512-3173
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Hashizume		First Lori		MI	Contribution ID # 0958
Residential Street Address 1059 Pequot Ave		City Southport		State CT	Zip Code 06890-1421
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Shapiro		First David		MI	Contribution ID # 0957
Residential Street Address 61 Ridgebrook Dr		City West Hartford		State CT	Zip Code 06107-3337
Principal Occupation Surgeon.		Name of Employer Neds.			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$60.00	\$60.00

Last Name Camilliere		First Tony		MI	Contribution ID # 0956
Residential Street Address 60 Old Common Rd		City Wethersfield		State CT	Zip Code 06109-3945
Principal Occupation Lobbyist		Name of Employer Camilliere, Cloud & Kennedy			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Tesoro		First Thomas		MI	Contribution ID # 0955
Residential Street Address 133 Beechwood Ave		City Trumbull		State CT	Zip Code 06611-1657
Principal Occupation Director HR		Name of Employer Town of Stratford			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$200.00	\$200.00

Last Name Winter		First Steven		MI	Contribution ID # 0954
Residential Street Address 459 Dixwell Ave Apt 3		City New Haven		State CT	Zip Code 06511-2090
Principal Occupation Executive Director of climate and sustainability		Name of Employer City of New Haven			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Lenz		First Kenneth		MI	Contribution ID # 0953
Residential Street Address 382 Ridge Rd		City Orange		State CT	Zip Code 06477-2826
Principal Occupation Attorney		Name of Employer Self-employed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Lauf		First William		MI	Contribution ID # 0952
Residential Street Address 5 Town Hill Rd		City Warren		State CT	Zip Code 06754-1808
Principal Occupation Sales trainer for the events industry		Name of Employer William Lauf consulting LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$150.00	\$150.00

Last Name Nichols		First Peter		MI	Contribution ID # 0951
Residential Street Address 101 Buell Rd		City Litchfield		State CT	Zip Code 06759-3006
Principal Occupation Self Employed		Name of Employer Self Employed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$250.00	\$250.00

Last Name Sirica		First Roberto		MI	Contribution ID # 0950
Residential Street Address 2 Ingelside Dr		City Farmington		State CT	Zip Code 06032-4510
Principal Occupation insurance		Name of Employer munichre			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$300.00	\$300.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Salerno		First Alison		MI	Contribution ID # 0949
Residential Street Address 128 Gerrish Ln		City New Canaan		State CT	Zip Code 06840-4117
Principal Occupation Homemaker		Name of Employer Not Employed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$300.00	\$300.00

Last Name Cody		First Amanda		MI	Contribution ID # 0948
Residential Street Address 237 N Salem Rd		City Ridgefield		State CT	Zip Code 06877-3124
Principal Occupation Teacher		Name of Employer Ridgefield Public Schools			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Cody		First Brett		MI	Contribution ID # 0947
Residential Street Address 237 N Salem Rd		City Ridgefield		State CT	Zip Code 06877-3124
Principal Occupation Communications		Name of Employer State of CT Office of the Treasurer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$100.00	\$100.00

Last Name OSullivan		First Thomas		MI	Contribution ID # 0946
Residential Street Address 30 Highview Rd		City Madison		State CT	Zip Code 06443-2554
Principal Occupation Campaign Staff		Name of Employer Ned for CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Stulpin		First Christopher		MI	Contribution ID # 0945
Residential Street Address 186 Melius Rd		City Warren		State CT	Zip Code 06754-1503
Principal Occupation Consultant		Name of Employer Darrow Martial Creative			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Gundlach		First Jennifer		MI	Contribution ID # 0944
Residential Street Address 118 Angevine Rd		City Warren		State CT	Zip Code 06754-1817
Principal Occupation Lawyer/Law Professor		Name of Employer Hofstra University			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$340.00	\$340.00

Last Name A Lupo		First Jennine		MI	Contribution ID # 0943
Residential Street Address 109 E Chestnut Hill Road Litchfield Ct		City Litchfield		State CT	Zip Code 06759
Principal Occupation Director		Name of Employer USHOR			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Ariniello		First Matt		MI	Contribution ID # 0942
Residential Street Address 855 Southford Rd		City Southbury		State CT	Zip Code 06488-2475
Principal Occupation Executive director		Name of Employer Town of Newtown			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$150.00	\$150.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name OBrien		First Laura		MI	Contribution ID # 0941
Residential Street Address 178 Glengarry Rd		City Fairfield		State CT	Zip Code 06825-1169
Principal Occupation Retired			Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$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 06/30/2026	
				Aggregate Contributions \$20.00	

Last Name Graustein		First Rebecca		MI	Contribution ID # 0940
Residential Street Address 30 Rose Ln		City Glen Mills		State PA	Zip Code 19342-1726
Principal Occupation Scientist			Name of Employer Roux Associates Inc		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$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 06/30/2026	
				Aggregate Contributions \$20.00	

Total of Section B				\$63,947.70
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Total on Line 14, Column A of Summary Page)				\$63,947.70

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

C1. Contributions from Other Committees

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

Total of Section C1	
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I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Erick Russell for State Treasurer 26				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	
Erick Russell for State Treasurer 26				July 10 Filing - Original	
D. Loans Received this Period					
Name of Lender		Source of Loan:			Date of Receipt
		Bank	Candidate	Individual	Other
Street Address		City	State	Zip Code	Is there a cosigner or Guarantor of this loan?
					Yes No
Name of Cosigner/Guarantor (if applicable)					Amount Received
Street Address		City	Stat	Zip Code	
Total of Section D					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Erick Russell for State Treasurer 26	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
Erick Russell for State Treasurer 26	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
Erick Russell for State Treasurer 26	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	
Erick Russell for State Treasurer 26				July 10 Filing - Original	
I. Miscellaneous Monetary Receipts not Considered Contributions					
Name			Date of Transaction		Amount Received
Street Address		City	State	Zip Code	
Description					
Total of Section I					

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Erick Russell for State Treasurer 26				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	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.		
		No			
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		Yes	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.		
		No			
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	(If yes, enter Total Receipts here.)		
		No			
Total of Section J1					

II.EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	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 #	
Sole Proprietorship	Aggregate value for this event		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	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

Erick Russell for State Treasurer 26

July 10 Filing - Original

K. In-Kind Contributions

Name

Street Address

City

State

Zip Code

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

Yes

No

Description of In-Kind Contribution

If yes, list Event#

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

Yes

No

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

Yes

No

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

Executive

Legislative

Fair Market Value of this Contribution

Type of Contributor:

Individual

Committee

Sole Proprietorship

Date Received

Aggregate contributions

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

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

TYPE OF REPORT

Erick Russell for State Treasurer 26

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
Erick Russell for State Treasurer 26	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Ginny Kim		Date of Payment 04/01/2026	Method of Payment ☒ Check # <u>1001</u> ☐ Debit Card ☐ EFT	
Street Address 169 Lakewood Rd		City South Glastonbury	State CT	Zip Code 06073
Purpose of Expendit REF	Description Refund of contribution amount exceeding the statutory limit			Amount \$150.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Erick Russell		Date of Payment 04/01/2026	Method of Payment ☒ Check # <u>1002</u> ☐ Debit Card ☐ EFT	
Street Address 215 Stevenson Rd		City New Haven	State CT	Zip Code 06515
Purpose of Expendit RMB	Description Reimbursement for website expense			Amount \$3,600.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Blue Edge Strategies		Date of Payment 04/02/2026	Method of Payment ☒ Check # <u>1003</u> ☐ Debit Card ☐ EFT	
Street Address 54 Robert Rd		City Manchester	State CT	Zip Code 06040
Purpose of Expendit CNSLT	Description March and April Consulting			Amount \$6,000.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee EveryAction, Inc. USA		Date of Payment 04/06/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 750 17th St NW		City Washington	State DC	Zip Code 20006
Purpose of Expendit A-WEB	Description Website			Amount \$4,643.98
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee EveryAction, Inc. USA		Date of Payment 04/30/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 750 17th St NW		City Washington	State DC	Zip Code 20006
Purpose of Expendit Misc *	Description Transaction Fees for April			Amount \$549.82
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee EveryAction, Inc. USA		Date of Payment 05/11/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 750 17th St NW		City Washington	State DC	Zip Code 20006
Purpose of Expendit A-WEB	Description Website			Amount \$2,321.99
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Blue Edge Strategies		Date of Payment 05/15/2026	Method of Payment ☒ Check # <u>1004</u> ☐ Debit Card ☐ EFT	
Street Address 54 Robert Rd		City Manchester	State CT	Zip Code 06040
Purpose of Expendit CNSLT	Description Consulting work + texting			Amount \$5,638.75
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Katalina's LLC		Date of Payment 05/15/2026	Method of Payment ☒ Check # <u>1005</u> ☐ Debit Card ☐ EFT	
Street Address 74 Whitney Ave		City New Haven	State CT	Zip Code 06510
Purpose of Expendit FOOD	Description Convention Cookies			Amount \$7,700.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee CT DSCC		Date of Payment 05/15/2026	Method of Payment ☒ Check # <u>1006</u> ☐ Debit Card ☐ EFT	
Street Address 30 Arbor St Ste 103		City Hartford	State CT	Zip Code 06106
Purpose of Expendit Misc *	Description Fee for Democratic Party State Convention			Amount \$3,500.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee EveryAction, Inc. USA		Date of Payment 05/31/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 750 17th St NW		City Washington	State DC	Zip Code 20006
Purpose of Expendit Misc *	Description Transaction Fees for May			Amount \$360.55
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee EveryAction, Inc. USA		Date of Payment 06/08/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 750 17th St NW		City Washington	State DC	Zip Code 20006
Purpose of Expendit A-WEB	Description Website			Amount \$2,321.99
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Blue Edge Strategies		Date of Payment 06/15/2026	Method of Payment ☒ Check # <u>1007</u> ☐ Debit Card ☐ EFT	
Street Address 54 Robert Rd		City Manchester	State CT	Zip Code 06040
Purpose of Expendit A-OTH	Description Texting			Amount \$3,829.58
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee Blue Edge Strategies		Date of Payment 06/15/2026	Method of Payment ☒ Check # <u>1008</u> ☐ Debit Card ☐ EFT	
Street Address 54 Robert Rd		City Manchester	State CT	Zip Code 06040
Purpose of Expendit CNSLT	Description Consulting			Amount \$3,000.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	
Name of Payee EveryAction, Inc. USA		Date of Payment 06/30/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 750 17th St NW		City Washington	State DC	Zip Code 20006
Purpose of Expendit Misc *	Description Transaction Fees for June			Amount \$1,109.58
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	
Total of Section N				\$44,726.24

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	
Erick Russell for State Treasurer 26					July 10 Filing - Original	
P. Expenses Incurred on Committee Credit Card						
Name of Issuing Institution				Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☐ Other		
Name of Vendor					Date of Transaction	
Street Address			City		State	Zip Code
Purpose of Expenditure (by code)	Description				Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Yes No	Expenditure # (if applicable)	Event #		
If yes, assign an Expenditure # and complete Itemization in Addendum P						
Total of Section P						

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Erick Russell for State Treasurer 26				July 10 Filing - Original	
Q. Expenses Incurred By Committee but Not Paid During this Period					
Name of Creditor				Date Incurred	
Street Address			City	State	Zip Code
Purpose of Expenditure (by code)	Description				Amount Incurred (Estimate or Actual)
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No If yes, assign an Expenditure # and completes Itemization in Addendum Q				Expenditure # (if applicable)	
Total of Section Q					

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	July 10 Filing - Original
R. Itemization of Reimbursements and Secondary Payees	

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N: Check # Debit Card EFT
Name of Vendor Paid by Committee Worker/Consultant				
Street Address of Vendor		City		State Zip Code
Purpose of Expenditure (by code)	Description			
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Yes No	Expenditure # (if applicable)	Event # Amount
If yes, assign an Expenditure # and completes Itemization in Addendum R				
Total of Section R				

IV. EXPENDITURES (Sectuibs N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	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