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

Electronic Filing

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# COVER PAGE

| 1.NAME OF COMMITTEE | 2. TYPE OF COMMITTEE |
|---|---|
| **Oberlander2026** | [x] Candidate Committee<br>[ ] Exploratory Committee |

3. TREASURER NAME

| First | MI | Last | Suffix |
|---|---|---|---|
| **Leslie** | **B** | **Moriarty** | |

4. TREASURER ADDRESS

| Street Address | City | State | Zip Code |
|---|---|---|---|
| **150 Parsonage Rd** | **Greenwich** | **CT** | **06830** |

| 5. ELECTION DATE | 6. OFFICE SOUGHT *( Complete only if Candidate Committee)* | 7. DISTRICT NUMBER *( if applicable )* |
|---|---|---|
| **11/03/2026** | **State Senator** | **S036** |

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

| First | MI | Last | Suffix |
|---|---|---|---|
| **Jill** | | **Oberlander** | |

9. TYPE OF REPORT

**July 10 Filing - Original**

10. PERIOD COVERED

| Beginning Date | | Ending Date |
|---|---|---|
| **04/01/2026** | thru | **06/30/2026** |

11. CERTIFICATION

[x] I hereby certify and state, under penalties of false statement, that all of the information set forth on this **Itemized Campaign Finance Disclosure Statement** for the period covered is true, accurate and complete.

| **Electronic Filing** | **Leslie Moriarty** | **07/10/2026 10:26:21AM** |
|---|---|---|
| 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 | |
|---|---|---|
| **Oberlander2026** | July 10 Filing - Original | |
| | COLUMN A<br>This Period | COLUMN B<br>Aggregate |
| 12. Balance on hand from day Committee was formed | | **$0.00** |
| 13. Balance on hand at the beginning of Reporting Period | **$92.00** | |
| 14. Contributions received from Individuals (Section A and B) | **$29,475.00** | **$29,575.00** |
| 15. Receipts from Other Committees (Sections C1 and C2) | **$0.00** | **$0.00** |
| 16. Other Monetary Receipts (Section D through I) | **$0.00** | **$0.00** |
| 17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1) | **$0.00** | **$0.00** |
| 18. Total Monetary Receipts (add totals for lines 14 through 17) | **$29,475.00** | **$29,575.00** |
| 19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B) | **$29,567.00** | **$29,575.00** |
| 20. Expenses Paid by Committee (Section N) | **$1,928.66** | **$1,936.66** |
| 21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns ) | **$27,638.34** | **$27,638.34** |
| 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) | **$212.57** | **$212.57** |
| 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) | **$24,575.52** | **$24,648.74** |
| 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) | **$1,162.77** | |
| 29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q) | **$1,162.77** | |

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

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
|---|---|
| Oberlander2026 | July 10 Filing - Original |

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

**B. Itemized Contributions from Individuals**

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Weisbrod | David | A | 0002 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 97 Husted La | Greenwich | CT | 06830 |

| Principal Occupation | Name of Employer |
|---|---|
| Retired | Retired |

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #

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

Date Received: 04/22/2026

Aggregate Contributions: $100.00

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Foyle | JoAnna | | 0003 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 94 Dingletown Rd | Greenwich | CT | 06830 |

| Principal Occupation | Name of Employer |
|---|---|
| Consultant | NA |

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

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

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

Amount of Contribution: $250.00

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

If yes, list Event #

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

Date Received: 04/22/2026

Aggregate Contributions: $250.00

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Khanna | Rachel | | 0004 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 163 John St | Greenwich | CT | 06831 |

| Principal Occupation | Name of Employer |
|---|---|
| Selectwoman | Town of Greenwich CT |

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

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

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

Amount of Contribution: $250.00

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

If yes, list Event #

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

Date Received: 04/24/2026

Aggregate Contributions: $250.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Oberlander2026

TYPE OF REPORT: July 10 Filing - Original

### B. Itemized Contributions from Individuals

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Driscoll | Kevin | | 0005 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 24 Valleywood Rd | Cos Cob | CT | 06807 |

| Principal Occupation | Name of Employer |
|---|---|
| Media executive | Motorsport 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: $50.00

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

If yes, list Event #:

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

Date Received: 04/25/2026

Aggregate Contributions: $50.00

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Hauser | Debra | | 0006 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 12 Buell Ct | Clinton | CT | 06413 |

| Principal Occupation | Name of Employer |
|---|---|
| Clinical Psychologist | Debra Hauser, Ph.D. |

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

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

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

Amount of Contribution: $250.00

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

If yes, list Event #:

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

Date Received: 04/25/2026

Aggregate Contributions: $250.00

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Sheehan | Christopher | | 0007 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 32 Woodland Dr | Greenwich | CT | 06830 |

| Principal Occupation | Name of Employer |
|---|---|
| CEO | Spritz Finance, 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: $50.00

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

If yes, list Event #:

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

Date Received: 04/25/2026

Aggregate Contributions: $50.00

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Guarnieri | Anna | | 0008 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 150 Birch Brook Rd | Bronxville | NY | 10708 |

| Principal Occupation | Name of Employer |
|---|---|
| Unemployed | 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: $150.00

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

If yes, list Event #:

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

Date Received: 04/25/2026

Aggregate Contributions: $150.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Oberlander2026

TYPE OF REPORT: July 10 Filing - Original

### B. Itemized Contributions from Individuals

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Angelini | Anthony | | 0009 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 2003 Morning Glory St | Simi Valley | CA | 93065 |

| Principal Occupation | Name of Employer |
|---|---|
| Government Affairs Director | Simi Valley Chamber of Commerce |

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #:

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

Date Received: 04/25/2026

Aggregate Contributions: $100.00

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Kretschmann | Paul | | 0010 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 8 Fairchild Ln | Greenwich | CT | 06831 |

| Principal Occupation | Name of Employer |
|---|---|
| Retired | Retired |

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 04/25/2026

Aggregate Contributions: $25.00

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Kretschmann | Diane | | 0011 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 8 Fairchild Ln | Greenwich | CT | 06831 |

| Principal Occupation | Name of Employer |
|---|---|
| Retired | Retired |

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 04/25/2026

Aggregate Contributions: $25.00

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Ramos | Maryann | | 0012 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 12 Glenville St Unit 105 ) | Greenwich | CT | 06831 |

| Principal Occupation | Name of Employer |
|---|---|
| Retired | Retired |

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #:

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

Date Received: 04/26/2026

Aggregate Contributions: $50.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Oberlander2026

TYPE OF REPORT: July 10 Filing - Original

### B. Itemized Contributions from Individuals

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Turiano-Sander | Christina | | 0013 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 31 Crawford Ter | Riverside | CT | 06878 |

| Principal Occupation | Name of Employer |
|---|---|
| Librarian | Greenwich 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: $25.00

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

If yes, list Event #:

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

Date Received: 04/26/2026

Aggregate Contributions: $25.00

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Reitzfeld | Alan | | 0014 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 124 Ritch Ave W | Greenwich | CT | 06830 |

| Principal Occupation | Name of Employer |
|---|---|
| Retired | Retired |

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 04/26/2026

Aggregate Contributions: $25.00

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Grinthal | Karen | | 0015 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 32 Horseshoe Rd | Cos Cob | CT | 06807 |

| Principal Occupation | Name of Employer |
|---|---|
| Retired | Retired |

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #:

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

Date Received: 04/27/2026

Aggregate Contributions: $50.00

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Wasserman | Svetlana | | 0016 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 37 Day Rd | Greenwich | CT | 06831 |

| Principal Occupation | Name of Employer |
|---|---|
| Retired | Retired |

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #:

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

Date Received: 04/27/2026

Aggregate Contributions: $100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Oberlander2026

TYPE OF REPORT: July 10 Filing - Original

### B. Itemized Contributions from Individuals

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Lamont | Emily | | 0017 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 14 Nawthorne Rd | Old Greenwich | CT | 06870 |

| Principal Occupation | Name of Employer |
|---|---|
| na | na |

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #:

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

| Date Received | Aggregate Contributions |
|---|---|
| 04/27/2026 | $50.00 |

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Hwang | Sandy | | 0018 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 32 Woodland Dr | Greenwich | CT | 06830 |

| Principal Occupation | Name of Employer |
|---|---|
| VP | Datadog |

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #:

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

| Date Received | Aggregate Contributions |
|---|---|
| 04/29/2026 | $50.00 |

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Sherman | Ruth | E | 0019 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 341 Sound Beach Ave . | Old Greenwich | CT | 06870 |

| Principal Occupation | Name of Employer |
|---|---|
| Consultant | 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: $25.00

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

If yes, list Event #:

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

| Date Received | Aggregate Contributions |
|---|---|
| 04/29/2026 | $25.00 |

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Cruikshank | Peter | M | 0020 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 31 Horseshoe Rd | Cos Cob | CT | 06807 |

| Principal Occupation | Name of Employer |
|---|---|
| Retired | Retired |

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

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

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

Amount of Contribution: $500.00

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

If yes, list Event #:

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

| Date Received | Aggregate Contributions |
|---|---|
| 04/29/2026 | $500.00 |

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Oberlander2026

TYPE OF REPORT: July 10 Filing - Original

### B. Itemized Contributions from Individuals

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Goldberg | Amiel | H | 0021 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 159 W Hill Rd | Stamford | CT | 06902 |

| Principal Occupation | Name of Employer |
|---|---|
| Retired | Retired |

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #

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

Date Received: 05/11/2026

Aggregate Contributions: $50.00

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| diamond | mark | | 0022 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 24 West Trl | Stamford | CT | 06903 |

| Principal Occupation | Name of Employer |
|---|---|
| attorney | mark diamond |

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

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

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

Amount of Contribution: $150.00

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

If yes, list Event #

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

Date Received: 05/12/2026

Aggregate Contributions: $150.00

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Erickson | Laura | | 0023 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 67 Club Rd . | Riverside | CT | 06878 |

| Principal Occupation | Name of Employer |
|---|---|
| Retired | Retired |

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

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

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

Amount of Contribution: $500.00

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

If yes, list Event #

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

Date Received: 05/14/2026

Aggregate Contributions: $500.00

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Kalb | Scott | E | 0024 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 36 Park Ave | Greenwich | CT | 06830 |

| Principal Occupation | Name of Employer |
|---|---|
| Consultant | KLTI 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: $1,000.00

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

If yes, list Event #

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

Date Received: 05/18/2026

Aggregate Contributions: $1,000.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Oberlander2026

TYPE OF REPORT: July 10 Filing - Original

### B. Itemized Contributions from Individuals

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Simon | Margaret | E | 0025 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 97 Husted Ln | Greenwich | CT | 06830 |

| Principal Occupation | Name of Employer |
|---|---|
| Retired | Retired |

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #

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

Date Received: 05/18/2026

Aggregate Contributions: $50.00

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Mcgrath | Amy | | 0026 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 31 Rockwood Ln | Greenwich | CT | 06830 |

| Principal Occupation | Name of Employer |
|---|---|
| Artist | 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: $500.00

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

If yes, list Event #

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

Date Received: 05/18/2026

Aggregate Contributions: $500.00

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Nappo | Jennifer | C | 0027 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 3 Whitney Dr | Greenwich | CT | 06831 |

| Principal Occupation | Name of Employer |
|---|---|
| Unemployed | 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: $1,000.00

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

If yes, list Event #

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

Date Received: 05/18/2026

Aggregate Contributions: $1,000.00

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Klein | Jennifer | A | 0028 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 53 Dingletown Rd | Greenwich | CT | 06830 |

| Principal Occupation | Name of Employer |
|---|---|
| Retired | Retired |

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

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

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

Amount of Contribution: $250.00

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

If yes, list Event #

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

Date Received: 05/19/2026

Aggregate Contributions: $250.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Oberlander2026

TYPE OF REPORT: July 10 Filing - Original

### B. Itemized Contributions from Individuals

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Bloom | Kenneth | | 0029 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 22 Dunwoodie | Greenwich | CT | 06830 |

| Principal Occupation | Name of Employer |
|---|---|
| consultant | Korn Ferry |

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #:

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

Date Received: 05/20/2026

Aggregate Contributions: $50.00

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Snyder | David | P | 0030 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 11 Roosevelt Ave | Old Greenwich | CT | 06870 |

| Principal Occupation | Name of Employer |
|---|---|
| Retired | Retired |

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

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

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

Amount of Contribution: $250.00

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

If yes, list Event #:

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

Date Received: 05/20/2026

Aggregate Contributions: $250.00

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| sullivan | christian | | 0031 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 41 Bush Ave | Greenwich | CT | 06830 |

| Principal Occupation | Name of Employer |
|---|---|
| investor | investor |

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

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

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

Amount of Contribution: $1,000.00

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

If yes, list Event #:

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

Date Received: 05/21/2026

Aggregate Contributions: $1,000.00

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Messina | JoAnn | L | 0032 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 15 Perryridge Rd | Greenwich | CT | 06830 |

| Principal Occupation | Name of Employer |
|---|---|
| Retired | Retired |

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

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

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

Amount of Contribution: $500.00

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

If yes, list Event #:

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

Date Received: 05/21/2026

Aggregate Contributions: $500.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Oberlander2026

TYPE OF REPORT: July 10 Filing - Original

### B. Itemized Contributions from Individuals

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Lilien | Lindy | | 0033 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 38 Jones Park Dr . | Riverside | CT | 06878 |

| Principal Occupation | Name of Employer |
|---|---|
| Not employed | 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: $50.00

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

If yes, list Event #:

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

Date Received: 05/21/2026

Aggregate Contributions: $50.00

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Alexander | Phyllis | | 0034 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 107 Beechwood Rd | Purchase | NY | 10577 |

| Principal Occupation | Name of Employer |
|---|---|
| Retired | Retired |

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #:

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

Date Received: 05/21/2026

Aggregate Contributions: $50.00

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Condon | Jane | | 0035 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 38 Close Rd | Greenwich | CT | 06831 |

| Principal Occupation | Name of Employer |
|---|---|
| Comedian | Jane's comedy |

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #:

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

Date Received: 05/23/2026

Aggregate Contributions: $100.00

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Brady | Robert | K | 0036 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 16 Terrace Ave | Riverside | CT | 06878 |

| Principal Occupation | Name of Employer |
|---|---|
| Retired | Retired |

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #:

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

Date Received: 05/23/2026

Aggregate Contributions: $100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Oberlander2026

TYPE OF REPORT: July 10 Filing - Original

### B. Itemized Contributions from Individuals

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| rutgers | alma | | 0037 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 44 Glen Rd | Greenwich | CT | 06830 |

Principal Occupation: writer

Name of Employer: Alma Rutgers - 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: $250.00

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

If yes, list Event #

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

Date Received: 05/24/2026

Aggregate Contributions: $250.00

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Barro | Jen | | 0038 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 18 Dunwoodie Pl | Greenwich | CT | 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: $500.00

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

If yes, list Event #

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

Date Received: 05/29/2026

Aggregate Contributions: $500.00

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Kaplan | Richard | | 0039 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 162 E Elm St Apt B2 | Greenwich | CT | 06830 |

Principal Occupation: Health Care executive

Name of Employer: Evolvere 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: $50.00

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

If yes, list Event #

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

Date Received: 06/01/2026

Aggregate Contributions: $50.00

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Frederick | Pamela | | 0040 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 44 Woodland Drive Greenwich Ct # 6830 | Greenwich | CT | 06830 |

Principal Occupation: Government Finance

Name of Employer: Battery Park City 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: $250.00

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

If yes, list Event #

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

Date Received: 06/02/2026

Aggregate Contributions: $250.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Oberlander2026

TYPE OF REPORT: July 10 Filing - Original

### B. Itemized Contributions from Individuals

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Mandel | Sue | | 0041 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| PO Box 4298 | Greenwich | CT | 06830 |

| Principal Occupation | Name of Employer |
|---|---|
| Retired | Retired |

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

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

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

Amount of Contribution: $1,000.00

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: 06/02/2026

Aggregate Contributions: $1,000.00

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Mandel | Steve | | 0042 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| PO Box 4298 | Greenwich | CT | 06830 |

| Principal Occupation | Name of Employer |
|---|---|
| founder | Lone Pine Capital |

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

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

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

Amount of Contribution: $1,000.00

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: 06/02/2026

Aggregate Contributions: $1,000.00

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Russell | Cynthia | L | 0043 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 1374 Rock Rimmon Rd | Stamford | CT | 06903 |

| Principal Occupation | Name of Employer |
|---|---|
| Retired | Retired |

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

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

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

Amount of Contribution: $150.00

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: 06/03/2026

Aggregate Contributions: $150.00

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Mann | Joan | | 0044 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 69 Oneida Dr | Greenwich | CT | 06830 |

| Principal Occupation | Name of Employer |
|---|---|
| Retired | Retired |

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #

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

Date Received: 06/04/2026

Aggregate Contributions: $100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Oberlander2026

TYPE OF REPORT: July 10 Filing - Original

### B. Itemized Contributions from Individuals

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Jameson | Angela | | 0045 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 1370 Ponus Ridge Rd | New Canaan | CT | 06840 |

| Principal Occupation | Name of Employer |
|---|---|
| Retired | Retired |

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #

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

Date Received: 06/04/2026

Aggregate Contributions: $50.00

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Rockefeller | Valerie | | 0046 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 38 Highview Ave | Old Greenwich | CT | 06870 |

| Principal Occupation | Name of Employer |
|---|---|
| Volunteer | Rockefeller Philanthropy 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: $250.00

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

If yes, list Event #

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

Date Received: 06/04/2026

Aggregate Contributions: $250.00

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Simonson | Eileen | R | 0047 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 42 Mohawk Ln | Greenwich | CT | 06831 |

| Principal Occupation | Name of Employer |
|---|---|
| Retired | Retired |

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #

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

Date Received: 06/04/2026

Aggregate Contributions: $100.00

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Manacher | Ariel | | 0048 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 16 Arnold St | Old Greenwich | CT | 06870 |

| Principal Occupation | Name of Employer |
|---|---|
| Retired | Retired |

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #

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

Date Received: 06/04/2026

Aggregate Contributions: $50.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Oberlander2026

TYPE OF REPORT: July 10 Filing - Original

### B. Itemized Contributions from Individuals

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| kjaernested | Margaret | e | 0049 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 332 Field Point Rd | Greenwich | CT | 06830 |

| Principal Occupation | Name of Employer |
|---|---|
| Self employed | Family office |

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

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

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

Amount of Contribution: $500.00

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: 06/04/2026

Aggregate Contributions: $500.00

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Lazar | Sharon | | 0050 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| PO Box 4583 | Greenwich | CT | 06831 |

| Principal Occupation | Name of Employer |
|---|---|
| Retired | Retired |

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #:

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

Date Received: 06/04/2026

Aggregate Contributions: $100.00

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| McGarrity | Tom | | 0051 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 303 Shore Rd | Greenwich | CT | 06830 |

| Principal Occupation | Name of Employer |
|---|---|
| Retired | Retired |

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #:

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

Date Received: 06/04/2026

Aggregate Contributions: $100.00

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Rothseid | Ruth | | 0052 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 205 Main St | New Canaan | CT | 06840 |

| Principal Occupation | Name of Employer |
|---|---|
| Retired | Retired |

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #:

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

Date Received: 06/04/2026

Aggregate Contributions: $50.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Oberlander2026

TYPE OF REPORT: July 10 Filing - Original

### B. Itemized Contributions from Individuals

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Brady | Rosamond | | 0053 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 16 Terrace Ave | Riverside | CT | 06878 |

| Principal Occupation | Name of Employer |
|---|---|
| Retired | Retired |

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #:

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

Date Received: 06/04/2026

Aggregate Contributions: $50.00

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Hesser | AnneMarie | | 0054 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 6 Forest Ave | Old Greenwich | CT | 06870 |

| Principal Occupation | Name of Employer |
|---|---|
| Education Consultant | Hesser College 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: $500.00

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: 06/08/2026

Aggregate Contributions: $500.00

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Nesin | Merritt | | 0055 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 118 Gary Rd | Stamford | CT | 06903 |

| Principal Occupation | Name of Employer |
|---|---|
| Retired | Retired |

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #:

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

Date Received: 06/10/2026

Aggregate Contributions: $50.00

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Schorer | Marianne | | 0056 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 224 W Lyon Farm Dr | Greenwich | CT | 06831 |

| Principal Occupation | Name of Employer |
|---|---|
| Retired | Retired |

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

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

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

Amount of Contribution: $30.00

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: 06/10/2026

Aggregate Contributions: $30.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Oberlander2026

TYPE OF REPORT: July 10 Filing - Original

### B. Itemized Contributions from Individuals

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Chase-Jenkins | Linda | | 0057 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 251 Shore Rd | Greenwich | CT | 06830 |

| Principal Occupation | Name of Employer |
|---|---|
| Retired | Retired |

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

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

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

Amount of Contribution: $250.00

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

If yes, list Event #:

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

Date Received: 06/11/2026

Aggregate Contributions: $250.00

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Ehrenkranz | Pam | | 0058 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 29 Hackett Cir N | Stamford | CT | 06906 |

| Principal Occupation | Name of Employer |
|---|---|
| Non profit management | UJA JCC |

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #:

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

Date Received: 06/11/2026

Aggregate Contributions: $100.00

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Hille | Carl Harald | | 0059 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 63 Summit Rd . | Riverside | CT | 06878 |

| Principal Occupation | Name of Employer |
|---|---|
| Retired | Retired |

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #:

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

Date Received: 06/11/2026

Aggregate Contributions: $100.00

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Giannuzzi | Karen | | 0060 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 7 Fairway Ln | Greenwich | CT | 06830 |

| Principal Occupation | Name of Employer |
|---|---|
| President of non profit | Mothers for others |

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #:

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

Date Received: 06/12/2026

Aggregate Contributions: $100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Oberlander2026

TYPE OF REPORT: July 10 Filing - Original

### B. Itemized Contributions from Individuals

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Flynn | Mary | C | 0061 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 64 Northridge Rd | Old Greenwich | CT | 06870 |

| Principal Occupation | Name of Employer |
|---|---|
| Licensed Real Estate Sales Agent | Berkshire Hathaway |

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 06/12/2026

Aggregate Contributions: $25.00

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Hirani | Blanca | | 0062 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 23 Soundview Dr | Westport | CT | 06880 |

| Principal Occupation | Name of Employer |
|---|---|
| Retired | Retired |

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #

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

Date Received: 06/12/2026

Aggregate Contributions: $100.00

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| DeAngelo | Jan | | 0063 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 57 Stanwich Rd | Greenwich | CT | 06830 |

| Principal Occupation | Name of Employer |
|---|---|
| Library Asst | 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: $50.00

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

If yes, list Event #

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

Date Received: 06/12/2026

Aggregate Contributions: $50.00

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Bylow | Gretchen | | 0064 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 163 Old Church Rd | Greenwich | CT | 06830 |

| Principal Occupation | Name of Employer |
|---|---|
| Real estate | Sothebys |

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #

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

Date Received: 06/12/2026

Aggregate Contributions: $100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Oberlander2026

TYPE OF REPORT: July 10 Filing - Original

### B. Itemized Contributions from Individuals

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Cohn | Brian | | 0065 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 176 Taconic Rd | Greenwich | CT | 06831 |

| Principal Occupation | Name of Employer |
|---|---|
| Finance | 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: $1,000.00

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: 06/12/2026

Aggregate Contributions: $1,000.00

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Meskers | Stephen | R | 0066 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 18 Lockwood Ave | Old Greenwich | CT | 06870 |

| Principal Occupation | Name of Employer |
|---|---|
| Retired | Retired |

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #

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

Date Received: 06/12/2026

Aggregate Contributions: $100.00

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Monteiro | Anna | | 0067 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 11 Linwood Ave | Riverside | CT | 06878 |

| Principal Occupation | Name of Employer |
|---|---|
| Business consultant | 360 Impact 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: $25.00

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

If yes, list Event #

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

Date Received: 06/12/2026

Aggregate Contributions: $25.00

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Himes | James | | 0068 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 197 Valley Rd . | Cos Cob | CT | 06807 |

| Principal Occupation | Name of Employer |
|---|---|
| Representative | 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: $250.00

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

If yes, list Event #

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

Date Received: 06/12/2026

Aggregate Contributions: $250.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Oberlander2026

TYPE OF REPORT: July 10 Filing - Original

### B. Itemized Contributions from Individuals

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Downey | Christina | S | 0069 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 11 Lockwood Rd | Riverside | CT | 06878 |

| Principal Occupation | Name of Employer |
|---|---|
| homemaker | Christina Downey |

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

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

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

Amount of Contribution: $250.00

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

If yes, list Event #:

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

Date Received: 06/13/2026

Aggregate Contributions: $250.00

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Offit | Stefanie | | 0070 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 47 Mallard Dr | Greenwich | CT | 06830 |

| Principal Occupation | Name of Employer |
|---|---|
| Retired | Retired |

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

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

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

Amount of Contribution: $1,000.00

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: 06/13/2026

Aggregate Contributions: $1,000.00

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Burns | Siobhan | | 0071 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 5 Clover Pl | Cos Cob | CT | 06807 |

| Principal Occupation | Name of Employer |
|---|---|
| Consultant | Clarity Group 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: $100.00

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

If yes, list Event #:

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

Date Received: 06/13/2026

Aggregate Contributions: $100.00

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Wells | Douglas | J | 0072 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 18 Lakewood Cir N | Greenwich | CT | 06830 |

| Principal Occupation | Name of Employer |
|---|---|
| Attorney | Law Office of Douglas Wells |

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

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

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

Amount of Contribution: $250.00

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

If yes, list Event #:

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

Date Received: 06/13/2026

Aggregate Contributions: $250.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Oberlander2026

TYPE OF REPORT: July 10 Filing - Original

### B. Itemized Contributions from Individuals

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Bayram | Hale | | 0073 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 22-2 Spring St | Greenwich | CT | 06830 |

| Principal Occupation | Name of Employer |
|---|---|
| Retired | Retired |

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

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

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

Amount of Contribution: $10.00

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

If yes, list Event #:

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

Date Received: 06/13/2026

Aggregate Contributions: $10.00

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Oberlander | Lynn | | 0074 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 51 W 81st St . | New York | NY | 10024 |

| Principal Occupation | Name of Employer |
|---|---|
| Attorney | Ballard Spahr |

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #:

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

Date Received: 06/13/2026

Aggregate Contributions: $100.00

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Condon | Jane | | 0075 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 38 Close Rd | Greenwich | CT | 06831 |

| Principal Occupation | Name of Employer |
|---|---|
| Comedian | 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: $100.00

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

If yes, list Event #:

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

Date Received: 06/14/2026

Aggregate Contributions: $200.00

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Moriarty | Leslie | | 0076 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 150 Parsonage Rd | Greenwich | CT | 06830 |

| Principal Occupation | Name of Employer |
|---|---|
| Retired | Retired |

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

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

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

Amount of Contribution: $900.00

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: 06/14/2026

Aggregate Contributions: $1,000.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Oberlander2026

TYPE OF REPORT: July 10 Filing - Original

### B. Itemized Contributions from Individuals

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Mathias | Kristina | | 0077 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 135 Park Ave | Greenwich | CT | 06830 |

| Principal Occupation | Name of Employer |
|---|---|
| Homemaker | 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: $500.00

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: 06/14/2026

Aggregate Contributions: $500.00

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Cattell | Andrew | | 0078 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 5 Verona Dr . | Riverside | CT | 06878 |

| Principal Occupation | Name of Employer |
|---|---|
| Lawyer | Andrew Cattell |

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #:

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

Date Received: 06/14/2026

Aggregate Contributions: $100.00

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Kaufman | Derek | | 0079 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 98 Round Hill Rd | Greenwich | CT | 06831 |

| Principal Occupation | Name of Employer |
|---|---|
| nonprofit | Inclusive Abundance Initiative |

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

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

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

Amount of Contribution: $1,000.00

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: 06/15/2026

Aggregate Contributions: $1,000.00

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| DuBois | Jonathan | D | 0080 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 707 Steamboat Rd | Greenwich | CT | 06830 |

| Principal Occupation | Name of Employer |
|---|---|
| Retired | Retired |

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

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

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

Amount of Contribution: $500.00

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: 06/15/2026

Aggregate Contributions: $500.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Oberlander2026

TYPE OF REPORT: July 10 Filing - Original

### B. Itemized Contributions from Individuals

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Prihoda | Monica | | 0081 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 2 Whiffletree Way | Riverside | CT | 06878 |

| Principal Occupation | Name of Employer |
|---|---|
| Retired | Retired |

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #:

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

Date Received: 06/15/2026

Aggregate Contributions: $50.00

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Dubin | Tom | | 0082 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 197 Signal Hill Rd | Wilton | CT | 06897 |

| Principal Occupation | Name of Employer |
|---|---|
| Retired | Retired |

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #:

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

Date Received: 06/16/2026

Aggregate Contributions: $100.00

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Klipstein | Michael | | 0083 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 32077 N Rockwell Dr | Lakemoor | IL | 60051 |

| Principal Occupation | Name of Employer |
|---|---|
| Sales | Bath Concepts 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: $25.00

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

If yes, list Event #:

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

Date Received: 06/16/2026

Aggregate Contributions: $25.00

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Angiolillo | Bruce | D | 0084 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 77 Shore Rd | Old Greenwich | CT | 06870 |

| Principal Occupation | Name of Employer |
|---|---|
| Retired | Retired |

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

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

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

Amount of Contribution: $250.00

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

If yes, list Event #:

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

Date Received: 06/17/2026

Aggregate Contributions: $250.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Oberlander2026

TYPE OF REPORT: July 10 Filing - Original

### B. Itemized Contributions from Individuals

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Angiolillo | Carol | | 0085 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 77 Shore Rd | Old Greenwich | CT | 06870 |

| Principal Occupation | Name of Employer |
|---|---|
| Retired | Retired |

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

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

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

Amount of Contribution: $250.00

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

If yes, list Event #:

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

Date Received: 06/17/2026

Aggregate Contributions: $250.00

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Delany | Sherry | | 0086 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 1 Meadow Wood Drive Greenwich Ct # 6830 | Greenwich | CT | 06830 |

| Principal Occupation | Name of Employer |
|---|---|
| Retired | Retired |

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

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

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

Amount of Contribution: $250.00

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

If yes, list Event #:

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

Date Received: 06/17/2026

Aggregate Contributions: $250.00

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| DePoli | Gayle | P | 0087 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 88 Sheephill Rd | Riverside | CT | 06878 |

| Principal Occupation | Name of Employer |
|---|---|
| Freelance TV Technical Producer | 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: $100.00

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

If yes, list Event #:

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

Date Received: 06/17/2026

Aggregate Contributions: $100.00

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Reiss | Blythe | | 0088 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 55 Byram Terrace Dr Unit A | Greenwich | CT | 06831 |

| Principal Occupation | Name of Employer |
|---|---|
| Retired | Retired |

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #:

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

Date Received: 06/18/2026

Aggregate Contributions: $50.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Oberlander2026

TYPE OF REPORT: July 10 Filing - Original

### B. Itemized Contributions from Individuals

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Stone McGuigan | Janet | | 0089 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 24 Sunset Rd | Old Greenwich | CT | 06870 |

| Principal Occupation | Name of Employer |
|---|---|
| Retired | Retired |

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 06/18/2026

Aggregate Contributions: $5.00

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| McGuigan | Peter | | 0090 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 24 Sunset Rd | Old Greenwich | CT | 06870 |

| Principal Occupation | Name of Employer |
|---|---|
| corporate finance | Pfizer |

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 06/18/2026

Aggregate Contributions: $5.00

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Cooper | Leslie | W | 0091 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 26 The Ridgeway | Greenwich | CT | 06831 |

| Principal Occupation | Name of Employer |
|---|---|
| Retired | Retired |

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #:

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

Date Received: 06/18/2026

Aggregate Contributions: $100.00

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Button | Joan | | 0092 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 51 Gilliam Ln | Riverside | CT | 06878 |

| Principal Occupation | Name of Employer |
|---|---|
| Independent College Counselor | 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: $250.00

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

If yes, list Event #:

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

Date Received: 06/18/2026

Aggregate Contributions: $250.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Oberlander2026

TYPE OF REPORT: July 10 Filing - Original

### B. Itemized Contributions from Individuals

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Wichman | Anne | F | 0093 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 34 Owenoke Way | Riverside | CT | 06878 |

| Principal Occupation | Name of Employer |
|---|---|
| Retired | Retired |

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

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

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

Amount of Contribution: $200.00

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: 06/18/2026

Aggregate Contributions: $200.00

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Garelick | Lynn | B | 0094 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 172 Field Point Rd Unit 7 | Greenwich | CT | 06830 |

| Principal Occupation | Name of Employer |
|---|---|
| Interior Designer | LBG INTERIOR DESIGN 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: $10.00

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

If yes, list Event #:

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

Date Received: 06/18/2026

Aggregate Contributions: $10.00

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Selbst | Stephen | | 0095 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 18 Meadow Pl | Old Greenwich | CT | 06870 |

| Principal Occupation | Name of Employer |
|---|---|
| Retired | Retired |

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

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

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

Amount of Contribution: $500.00

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: 06/23/2026

Aggregate Contributions: $500.00

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Simon | Laurence | B | 0096 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 48 Edgewood Dr | Greenwich | CT | 06831 |

| Principal Occupation | Name of Employer |
|---|---|
| Retired | Retired |

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

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

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

Amount of Contribution: $1,000.00

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: 06/23/2026

Aggregate Contributions: $1,000.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Oberlander2026

TYPE OF REPORT: July 10 Filing - Original

### B. Itemized Contributions from Individuals

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Ciporin | Jill | | 0097 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 27 Meadow Ln | Greenwich | CT | 06831 |

| Principal Occupation | Name of Employer |
|---|---|
| Retired | Retired |

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

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

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

Amount of Contribution: $500.00

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

If yes, list Event #:

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

| Date Received | Aggregate Contributions |
|---|---|
| 06/25/2026 | $500.00 |

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Scullion | Tsugiko | Y | 0098 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 7 Chasmar Rd | Old Greenwich | CT | 06870 |

| Principal Occupation | Name of Employer |
|---|---|
| Retired | Retired |

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #:

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

| Date Received | Aggregate Contributions |
|---|---|
| 06/25/2026 | $50.00 |

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Hoffman | Stephen | | 0099 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 81 Lower Cross Rd | Greenwich | CT | 06831 |

| Principal Occupation | Name of Employer |
|---|---|
| Retired | Retired |

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

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

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

Amount of Contribution: $250.00

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

If yes, list Event #:

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

| Date Received | Aggregate Contributions |
|---|---|
| 06/25/2026 | $250.00 |

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Condon | Jane | | 0100 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 38 Close Rd | Greenwich | CT | 06831 |

| Principal Occupation | Name of Employer |
|---|---|
| Comedian | 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: $100.00

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

If yes, list Event #:

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

| Date Received | Aggregate Contributions |
|---|---|
| 06/25/2026 | $300.00 |

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Oberlander2026

TYPE OF REPORT: July 10 Filing - Original

### B. Itemized Contributions from Individuals

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Settelmeyer | Paul | | 0101 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 726 Loveville Rd | Hockessin | DE | 19707 |

| Principal Occupation | Name of Employer |
|---|---|
| Retired | Retired |

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

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

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

Amount of Contribution: $250.00

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

If yes, list Event #:

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

| Date Received | Aggregate Contributions |
|---|---|
| 06/25/2026 | $250.00 |

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Tunick | Roberta | | 0102 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 12 Lakewood Cir N | Greenwich | CT | 06830 |

| Principal Occupation | Name of Employer |
|---|---|
| Retired | Retired |

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #:

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

| Date Received | Aggregate Contributions |
|---|---|
| 06/25/2026 | $100.00 |

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Weiss | Rachel | | 0103 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 181 Highland Rd | Rye | NY | 10580 |

| Principal Occupation | Name of Employer |
|---|---|
| Homemaker | Homemaker |

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

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

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

Amount of Contribution: $250.00

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

If yes, list Event #:

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

| Date Received | Aggregate Contributions |
|---|---|
| 06/26/2026 | $250.00 |

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Simmons | Nick | | 0104 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 43 Bayberrie Dr | Stamford | CT | 06902 |

| Principal Occupation | Name of Employer |
|---|---|
| C.E.O. | Pursuit |

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

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

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

Amount of Contribution: $1,000.00

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

If yes, list Event #:

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

| Date Received | Aggregate Contributions |
|---|---|
| 06/29/2026 | $1,000.00 |

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Oberlander2026

TYPE OF REPORT: July 10 Filing - Original

### B. Itemized Contributions from Individuals

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Doyle | Tara | A | 0105 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 25 W Elm St | Greenwich | CT | 06830 |

Principal Occupation: Executive Assistant

Name of Employer: Freepoint Commodities

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #

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

Date Received: 06/29/2026

Aggregate Contributions: $100.00

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Kjaernested | Gudmundur | | 0106 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 332 Field Point Rd | Greenwich | CT | 06830 |

Principal Occupation: Entrepreneur

Name of Employer: Shipping

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #

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

Date Received: 06/29/2026

Aggregate Contributions: $100.00

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Heagney | Thomas | | 0107 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 69 Byram Shore Rd | Greenwich | CT | 06830 |

Principal Occupation: Attorney

Name of Employer: Heagney, Lennon & Slane

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

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

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

Amount of Contribution: $250.00

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

If yes, list Event #

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

Date Received: 06/29/2026

Aggregate Contributions: $250.00

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Giacomo | Carol | | 0108 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| Carol A. Giacomo | Cos Cob | CT | 06807 |

Principal Occupation: Editor

Name of Employer: The Arms Control Association

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #

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

Date Received: 06/29/2026

Aggregate Contributions: $100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Oberlander2026

TYPE OF REPORT: July 10 Filing - Original

### B. Itemized Contributions from Individuals

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Oreilly | Elizabeth | | 0109 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 99 Old Church Rd | Greenwich | CT | 06830 |

| Principal Occupation | Name of Employer |
|---|---|
| consultant | 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: $500.00

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: 06/29/2026

Aggregate Contributions: $500.00

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Boardman | Michael | | 0110 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 30 Winding Ln | Greenwich | CT | 06831 |

| Principal Occupation | Name of Employer |
|---|---|
| Self employed | Self employed strategy consultant |

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #:

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

Date Received: 06/29/2026

Aggregate Contributions: $100.00

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Ferraro | Pam | R | 0111 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 43 Angelus Dr | Greenwich | CT | 06831 |

| Principal Occupation | Name of Employer |
|---|---|
| fundraising professional | 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: $5.00

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

If yes, list Event #:

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

Date Received: 06/29/2026

Aggregate Contributions: $5.00

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Gardner | Myrna | | 0112 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 18 Byram Shore Rd | Greenwich | CT | 06830 |

| Principal Occupation | Name of Employer |
|---|---|
| Retired | Retired |

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #:

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

Date Received: 06/29/2026

Aggregate Contributions: $50.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Oberlander2026

TYPE OF REPORT: July 10 Filing - Original

### B. Itemized Contributions from Individuals

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Sherriff | Louise | T | 0113 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 31 Bush Ave | Greenwich | CT | 06830 |

| Principal Occupation | Name of Employer |
|---|---|
| Retired | Retired |

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

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

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

Amount of Contribution: $1,000.00

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

If yes, list Event #

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

| Date Received | Aggregate Contributions |
|---|---|
| 06/29/2026 | $1,000.00 |

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Scullion | Tsugiko | Y | 0114 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 7 Chasmar Rd | Old Greenwich | CT | 06870 |

| Principal Occupation | Name of Employer |
|---|---|
| Retired | Retired |

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #

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

| Date Received | Aggregate Contributions |
|---|---|
| 06/29/2026 | $100.00 |

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Donnelly | Cathleen | S | 0115 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 214 Barncroft Rd | Stamford | CT | 06902 |

| Principal Occupation | Name of Employer |
|---|---|
| Retired | Retired |

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #

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

| Date Received | Aggregate Contributions |
|---|---|
| 06/29/2026 | $50.00 |

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| DesChamps | Julie | | 0116 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 131 Shore Rd | Old Greenwich | CT | 06870 |

| Principal Occupation | Name of Employer |
|---|---|
| Homemaker | Homemaker |

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

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

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

Amount of Contribution: $250.00

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

If yes, list Event #

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

| Date Received | Aggregate Contributions |
|---|---|
| 06/29/2026 | $250.00 |

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Oberlander2026

TYPE OF REPORT: July 10 Filing - Original

### B. Itemized Contributions from Individuals

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Carter | Robert | W | 0117 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 18R W End Ave | Old Greenwich | CT | 06870 |

| Principal Occupation | Name of Employer |
|---|---|
| Strategy development | Mastercard |

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

If yes, indicate which 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 | Aggregate Contributions | Amount of Contribution |
|---|---|---|
| 06/29/2026 | $10.00 | $10.00 |

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Eason | Danielle | B | 0118 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 25 Stillman Ln | Greenwich | CT | 06831 |

| Principal Occupation | Name of Employer |
|---|---|
| Homemaker | Homemaker |

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

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

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

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

If yes, list Event #

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

| Date Received | Aggregate Contributions | Amount of Contribution |
|---|---|---|
| 06/29/2026 | $50.00 | $50.00 |

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Jean-Jacques | Bridgette | | 0119 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 89 Bowman Dr | Greenwich | CT | 06831 |

| Principal Occupation | Name of Employer |
|---|---|
| Business Development | Verizon |

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

If yes, indicate which 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 | Aggregate Contributions | Amount of Contribution |
|---|---|---|
| 06/29/2026 | $100.00 | $100.00 |

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Steinhart | Joanne | | 0120 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 4 Bailiwick Woods Cir | Greenwich | CT | 06831 |

| Principal Occupation | Name of Employer |
|---|---|
| Retired | Retired |

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

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

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

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

If yes, list Event #

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

| Date Received | Aggregate Contributions | Amount of Contribution |
|---|---|---|
| 06/29/2026 | $100.00 | $100.00 |

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Oberlander2026

TYPE OF REPORT: July 10 Filing - Original

### B. Itemized Contributions from Individuals

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Angland | Joseph | | 0121 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 72 Sherwood Ave , | Greenwich | CT | 06831 |

| Principal Occupation | Name of Employer |
|---|---|
| Retired | Retired |

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #

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

Date Received: 06/29/2026

Aggregate Contributions: $100.00

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Krob | Genevieve | | 0122 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 44 Valleywood Rd | Cos Cob | CT | 06807 |

| Principal Occupation | Name of Employer |
|---|---|
| Retired | Retired |

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #

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

Date Received: 06/29/2026

Aggregate Contributions: $100.00

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Carter | Michael | | 0123 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 32 Lockwood Dr | Old Greenwich | CT | 06870 |

| Principal Occupation | Name of Employer |
|---|---|
| Retired | Retired |

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #

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

Date Received: 06/29/2026

Aggregate Contributions: $100.00

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Sarner | Sharyn | | 0124 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 122 Frost Pond Rd | Stamford | CT | 06903 |

| Principal Occupation | Name of Employer |
|---|---|
| Retired | Retired |

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #

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

Date Received: 06/30/2026

Aggregate Contributions: $50.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Oberlander2026

TYPE OF REPORT: July 10 Filing - Original

### B. Itemized Contributions from Individuals

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| O'Shea | Barbara | | 0125 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 99 Huckleberry Hill Rd | New Canaan | CT | 06840 |

| Principal Occupation | Name of Employer |
|---|---|
| Realtor | Sotheby's International 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: $50.00

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

If yes, list Event #:

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

Date Received: 06/30/2026

Aggregate Contributions: $50.00

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Hansen | Karin | | 0126 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 186 Milbank Ave Unit B | Greenwich | CT | 06830 |

| Principal Occupation | Name of Employer |
|---|---|
| Programmer | University of California Berkeley |

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

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

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

Amount of Contribution: $250.00

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

If yes, list Event #:

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

Date Received: 06/30/2026

Aggregate Contributions: $250.00

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Klimpl | Timothy | S | 0127 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 109 Benedict Hill Rd | New Canaan | CT | 06840 |

| Principal Occupation | Name of Employer |
|---|---|
| Attorney | Klimpl Benefits Law 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: $50.00

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

If yes, list Event #:

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

Date Received: 06/30/2026

Aggregate Contributions: $50.00

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Flores-Velazco | Alicia | A | 0128 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 115 Mead Ave | Greenwich | CT | 06830 |

| Principal Occupation | Name of Employer |
|---|---|
| Retired | Retired |

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #:

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

Date Received: 06/30/2026

Aggregate Contributions: $50.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Oberlander2026

TYPE OF REPORT: July 10 Filing - Original

### B. Itemized Contributions from Individuals

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Alvarez | Francia | | 0129 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 25 Nimitz Pl | Old Greenwich | CT | 06870 |

| Principal Occupation | Name of Employer |
|---|---|
| Retired | Retired |

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #:

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

Date Received: 06/30/2026

Aggregate Contributions: $100.00

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Appelbaum | Debbie | | 0130 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 10 Dearfield Ln | Greenwich | CT | 06831 |

| Principal Occupation | Name of Employer |
|---|---|
| Retired | Retired |

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

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

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

Amount of Contribution: $200.00

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: $200.00

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Lee | Lina | | 0131 |

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

| Principal Occupation | Name of Employer |
|---|---|
| Attorney | CBA |

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #:

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

Date Received: 06/30/2026

Aggregate Contributions: $50.00

| Last Name | First | MI | Contribution ID # |
|---|---|---|---|
| Medhurst | Jaysen | | 0132 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 196 Putnam Park | Greenwich | CT | 06830 |

| Principal Occupation | Name of Employer |
|---|---|
| Chief of Staff | Mastercard |

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #:

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

Date Received: 06/30/2026

Aggregate Contributions: $50.00

| | |
|---|---|
| **Total of Section B** | **$29,475.00** |
| **TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS** (Sections A + B) *(Total on Line 14, Column A of Summary Page)* | **$29,475.00** |

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

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
|---|---|
| Oberlander2026 | 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<br>If yes, list Event # | Amount of Contribution |
| City | State | Zip Code | Date Received | Aggregate Contributions |

| | |
|---|---|
| **Total of Section C1** | |

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

| NAME OF COMMITTEE | TYPE OF REPORT |
|---|---|
| Oberlander2026 | 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<br>Reimbursement for shared expense<br>Surplus distribution from exploratory committee | |
| Expenditure # | Description | | | |

| | |
|---|---|
| **Total of Section C2** | |

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

| NAME OF COMMITTEE | TYPE OF REPORT |
|---|---|
| Oberlander2026 | July 10 Filing - Original |

### D. Loans Received this Period

| Name of Lender | Source of Loan: Bank Candidate Individual Other | | | Date of Receipt |
|---|---|---|---|---|
| Street Address | City | State | Zip Code | Is there a cosigner or Guarantor of this loan? Yes No |
| Name of Cosigner/Guarantor (if applicable) | | | | **Amount Received** |
| Street Address | City | Stat | Zip Code | |
| | | | **Total of Section D** | |

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

| NAME OF COMMITTEE | TYPE OF REPORT |
|---|---|
| Oberlander2026 | July 10 Filing - Original |

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

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

## I. Monetary Receipts (Section A-I)

| NAME OF COMMITTEE | TYPE OF REPORT |
|---|---|
| Oberlander2026 | 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 |
|---|---|
| Oberlander2026 | 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<br>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 |
|---|---|
| Oberlander2026 | 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 |
|---|---|
| Oberlander2026 | July 10 Filing - Original |

### J1. Event Information

| Event # / Date of Event | Letter | Description | Was this a fundraising event? |
|---|---|---|---|
| 06/23/2026 | A | Meet and Greet Event | ☐ Yes ☒ No |

| Location: Street Address | City | State | Zip Code |
|---|---|---|---|
| 30 Winding Ln | Greenwich | CT | 06831 |

| | | | |
|---|---|---|---|
| Was this event hosted at a personal residence? | ☒ Yes<br>☐ No | if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any puchases made by host(s) for food, beverage and invitations. | |
| Did this fundraiser include items donated by a business entity of up to $200 or items donated by an individual of up to $100? | ☐ Yes<br>☐ No | If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information. | |
| Subpart 1:<br>Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to $100? | ☐ Yes<br>☐ No | (If yes, enter Total Receipts here.) | $0.00 |

| Event # / Date of Event | Letter | Description | Was this a fundraising event? |
|---|---|---|---|
| 06/30/2026 | A | Meet and Greet Event | ☐ Yes ☒ No |

| Location: Street Address | City | State | Zip Code |
|---|---|---|---|
| 25 Stillman Ln | Greenwich | CT | 06831 |

| | | | |
|---|---|---|---|
| Was this event hosted at a personal residence? | ☒ Yes<br>☐ No | if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any puchases made by host(s) for food, beverage and invitations. | |
| Did this fundraiser include items donated by a business entity of up to $200 or items donated by an individual of up to $100? | ☐ Yes<br>☐ No | If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information. | |
| Subpart 1:<br>Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to $100? | ☐ Yes<br>☐ No | (If yes, enter Total Receipts here.) | $0.00 |

| | |
|---|---|
| **Total of Section J1** | $0.00 |

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

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
|---|---|
| Oberlander2026 | July 10 Filing - Original |

### J3. In-Kind Donations Not Considered Contributions

| Name of the Donor | | | | |
|---|---|---|---|---|
| Street Address | City | State | Zip Code | |

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

| | |
|---|---|
| **Total of Section J3** | |

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

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
|---|---|
| Oberlander2026 | 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? | | | |
|---|---|---|---|---|
| Kate Tabner | ☐ Yes ☒ No | If yes, complete Itemization in Addendum J4 | | |
| **Street Address** | **City** | | **State** | **Zip Code** |
| 30 Winding Ln | Greenwich | | CT | 06831 |
| **Description of Donation** | | | | **Fair Market Value of Donation** |
| Invitations | | | | $103.37 |
| **Event #** | **Aggregate value of this Event - all hosts** | **Aggregate value of all Events - this host/candidate** | | |
| 06232026A | $147.36 | $103.37 | | |

| Name of Host | Is this event supporting more than one candidate? | | | |
|---|---|---|---|---|
| Amy McGrath | ☐ Yes ☒ No | If yes, complete Itemization in Addendum J4 | | |
| **Street Address** | **City** | | **State** | **Zip Code** |
| 31 Rockwood Ln | Greenwich | | CT | 06830 |
| **Description of Donation** | | | | **Fair Market Value of Donation** |
| Food | | | | $43.99 |
| **Event #** | **Aggregate value of this Event - all hosts** | **Aggregate value of all Events - this host/candidate** | | |
| 06232026A | $147.36 | $43.99 | | |

| Name of Host | Is this event supporting more than one candidate? | | | |
|---|---|---|---|---|
| Danielle Eason | ☐ Yes ☒ No | If yes, complete Itemization in Addendum J4 | | |
| **Street Address** | **City** | | **State** | **Zip Code** |
| 25 Stillman Ln | Greenwich | | CT | 06831 |
| **Description of Donation** | | | | **Fair Market Value of Donation** |
| Food | | | | $65.21 |
| **Event #** | **Aggregate value of this Event - all hosts** | **Aggregate value of all Events - this host/candidate** | | |
| 06302026A | $65.21 | $65.21 | | |

| | |
|---|---|
| **Total of Section J4** | **$212.57** |

## III. NONMONETARY RECEIPTS (Sections K - L)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
|---|---|
| Oberlander2026 | July 10 Filing - Original |

### K. In-Kind Contributions

Name

| Street Address | City | State | Zip Code |
|---|---|---|---|
| | | | |

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

If yes, list Event#

Description of In-Kind Contribution

Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes / No

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

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

Fair Market Value of this Contribution

| Type of Contributor: Individual / Committee / Sole Proprietorship | Date Received | Aggregate contributions |
|---|---|---|
| | | |

**Total of Section K**

## III. Non Monetary Receipts (Sections K - L)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
|---|---|
| Oberlander2026 | 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 |
|---|---|
| Oberlander2026 | July 10 Filing - Original |

### N. Expenses Paid By Committee

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| Day Campaign | 04/26/2026 | ☐ Check # ☒ Debit Card ☐ EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 112 Bloomfield Ave | Windsor | CT | 06095 |

| Purpose of Expendit | Description | Amount |
|---|---|---|
| WEB | Online Donation Setup Fee (Auto Pay) | $100.00 |

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 | Date of Payment | Method of Payment |
|---|---|---|
| The First Bank of Greenwich | 04/30/2026 | ☐ Check # ☒ Debit Card ☐ EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 444 E Putnam Ave | Cos Cob | CT | 06807 |

| Purpose of Expendit | Description | Amount |
|---|---|---|
| BNK | Account maintenance service charge | $8.00 |

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 | Date of Payment | Method of Payment |
|---|---|---|
| Christopher Sheehan | 06/17/2026 | ☒ Check # 1002 ☐ Debit Card ☐ EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 32 Woodland Dr Unit 1 | Greenwich | CT | 06830 |

| Purpose of Expendit | Description | Amount |
|---|---|---|
| RMB | | $289.26 |

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 |
|---|---|
| Oberlander2026 | July 10 Filing - Original |

### N. Expenses Paid By Committee

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| David Murchie | 06/17/2026 | [X] Check # 1001 [ ] Debit Card [ ] EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 61 Wildwood Rd | Stamford | CT | 06903 |

| Purpose of Expendit | Description | Amount |
|---|---|---|
| RMB | | |

| Is this expenditure coordinated with another candidate for which reimbursement is sought? | Expenditure # (if applicable) | Event # | Amount |
|---|---|---|---|
| [ ] Yes [X] No<br>If yes, assign an Expenditure # and complete Itemization in Addendum N | | | $100.00 |

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| Tricia Cavell LLC | 06/26/2026 | [X] Check # 1003 [ ] Debit Card [ ] EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 413 N Cleveland St . | Richmond | VA | 23221 |

| Purpose of Expendit | Description | Amount |
|---|---|---|
| CNSLT | | |

| Is this expenditure coordinated with another candidate for which reimbursement is sought? | Expenditure # (if applicable) | Event # | Amount |
|---|---|---|---|
| [ ] Yes [X] No<br>If yes, assign an Expenditure # and complete Itemization in Addendum N | | | $200.00 |

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| Day Campaign | 06/30/2026 | [ ] Check # [X] Debit Card [ ] EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 112 Bloomfield Ave | Windsor | CT | 06095 |

| Purpose of Expendit | Description | Amount |
|---|---|---|
| BNK | Credit Card/Banking Transaction fees | |

| Is this expenditure coordinated with another candidate for which reimbursement is sought? | Expenditure # (if applicable) | Event # | Amount |
|---|---|---|---|
| [ ] Yes [ ] No<br>If yes, assign an Expenditure # and complete Itemization in Addendum N | | | $1,231.40 |

| | |
|---|---|
| **Total of Section N** | **$1,928.66** |

## IV. EXPENDITURES (Sections N - S)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
|---|---|
| Oberlander2026 | 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? | Street Address | City | State | Zip Code | Amount | Purpose of Expenditure (by code) | Description | Event # |
|---|---|---|---|---|---|---|---|---|---|---|
| Ruth Sherman Associates | 04/06/2026 | ☐ Yes ☒ No | 341 Sound Beach Ave | Old Greenwich | CT | 06870 | $3,000.00 | CNSLT | | |
| Constant Contact | 04/10/2026 | ☐ Yes ☒ No | 890 Winter St | Waltham | MA | 02451 | $35.35 | WEB | | |
| Wix.com LTD | 04/21/2026 | ☐ Yes ☒ No | Yunitsman 5 | Tel Aviv | IL | | $28.71 | WEB | | |
| Squarespace, Inc. | 04/21/2026 | ☐ Yes ☒ No | 225 Varick St Fl 12 | New York | NY | 10014 | $17.87 | OVHD | | |

## IV. EXPENDITURES (Sections N - S)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
|---|---|
| Oberlander2026 | 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? |
|---|---|---|
| Tricia Cavell LLC | 04/30/2026 | ☐ Yes ☒ No |

| Street Address | City | State | Zip Code | Amount |
|---|---|---|---|---|
| 413 N Cleveland St | Richmond | VA | 23221 | |

| Purpose of Expenditure (by code) | Description | Event # | Amount |
|---|---|---|---|
| CNSLT | | | $625.00 |

| Name of Payee (Name of vendor who candidate paid directly) | Date of Payment | Is Reimbursement Claimed? |
|---|---|---|
| Ruth Sherman Associates | 05/01/2026 | ☐ Yes ☒ No |

| Street Address | City | State | Zip Code | Amount |
|---|---|---|---|---|
| 341 Sound Beach Ave | Old Greenwich | CT | 06870 | |

| Purpose of Expenditure (by code) | Description | Event # | Amount |
|---|---|---|---|
| CNSLT | | | $3,000.00 |

| Name of Payee (Name of vendor who candidate paid directly) | Date of Payment | Is Reimbursement Claimed? |
|---|---|---|
| Squarespace | 05/09/2026 | ☐ Yes ☒ No |

| Street Address | City | State | Zip Code | Amount |
|---|---|---|---|---|
| 225 Varick St Fl 12 | New York | NY | 10014 | |

| Purpose of Expenditure (by code) | Description | Event # | Amount |
|---|---|---|---|
| OVHD | | | $8.93 |

| Name of Payee (Name of vendor who candidate paid directly) | Date of Payment | Is Reimbursement Claimed? |
|---|---|---|
| Constant Contact | 05/10/2026 | ☐ Yes ☒ No |

| Street Address | City | State | Zip Code | Amount |
|---|---|---|---|---|
| 890 Winter St | Waltham | MA | 02451 | |

| Purpose of Expenditure (by code) | Description | Event # | Amount |
|---|---|---|---|
| WEB | | | $35.35 |

## IV. EXPENDITURES (Sections N - S)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
|---|---|
| Oberlander2026 | 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? |
|---|---|---|
| Threshold Group, Inc. | 05/12/2026 | ☐ Yes ☒ No |

| Street Address | City | State | Zip Code | Amount |
|---|---|---|---|---|
| 11 E 44th St Rm 300 | New York | NY | 10017 | |

| Purpose of Expenditure (by code) | Description | Event # | Amount |
|---|---|---|---|
| PRNT | | | $2,176.68 |

| Name of Payee (Name of vendor who candidate paid directly) | Date of Payment | Is Reimbursement Claimed? |
|---|---|---|
| Cheryl Moss Photos | 05/19/2026 | ☐ Yes ☒ No |

| Street Address | City | State | Zip Code | Amount |
|---|---|---|---|---|
| 83 Orchard St | Cos Cob | CT | 06807 | |

| Purpose of Expenditure (by code) | Description | Event # | Amount |
|---|---|---|---|
| Misc * | Photos | | $200.00 |

| Name of Payee (Name of vendor who candidate paid directly) | Date of Payment | Is Reimbursement Claimed? |
|---|---|---|
| Squarespace | 05/21/2026 | ☐ Yes ☒ No |

| Street Address | City | State | Zip Code | Amount |
|---|---|---|---|---|
| 225 Varick St Fl 12 | New York | NY | 10014 | |

| Purpose of Expenditure (by code) | Description | Event # | Amount |
|---|---|---|---|
| WEB | | | $21.27 |

| Name of Payee (Name of vendor who candidate paid directly) | Date of Payment | Is Reimbursement Claimed? |
|---|---|---|
| Wix.com LTD | 05/21/2026 | ☐ Yes ☒ No |

| Street Address | City | State | Zip Code | Amount |
|---|---|---|---|---|
| Yunitsman 5 | Tel Aviv | IL | | |

| Purpose of Expenditure (by code) | Description | Event # | Amount |
|---|---|---|---|
| WEB | | | $28.71 |

## IV. EXPENDITURES (Sections N - S)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
|---|---|
| Oberlander2026 | 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? | Amount |
|---|---|---|---|
| Squarespace | 06/01/2026 | ☐ Yes ☒ No | $2.31 |

| Street Address | City | State | Zip Code | Purpose of Expenditure (by code) | Description | Event # |
|---|---|---|---|---|---|---|
| 225 Varick St Fl 12 | New York | NY | 10014 | OVHD | | |

| Name of Payee (Name of vendor who candidate paid directly) | Date of Payment | Is Reimbursement Claimed? | Amount |
|---|---|---|---|
| Ruth Sherman Associates | 06/02/2026 | ☐ Yes ☒ No | $3,000.00 |

| Street Address | City | State | Zip Code | Purpose of Expenditure (by code) | Description | Event # |
|---|---|---|---|---|---|---|
| 341 Sound Beach Ave | Old Greenwich | CT | 06870 | CNSLT | | |

| Name of Payee (Name of vendor who candidate paid directly) | Date of Payment | Is Reimbursement Claimed? | Amount |
|---|---|---|---|
| Squarespace | 06/09/2026 | ☐ Yes ☒ No | $17.87 |

| Street Address | City | State | Zip Code | Purpose of Expenditure (by code) | Description | Event # |
|---|---|---|---|---|---|---|
| 225 Varick St Fl 12 | New York | NY | 10014 | OVHD | | |

| Name of Payee (Name of vendor who candidate paid directly) | Date of Payment | Is Reimbursement Claimed? | Amount |
|---|---|---|---|
| Constant Contact | 06/10/2026 | ☐ Yes ☒ No | $373.70 |

| Street Address | City | State | Zip Code | Purpose of Expenditure (by code) | Description | Event # |
|---|---|---|---|---|---|---|
| 890 Winter St | Waltham | MA | 02451 | WEB | | |

## IV. EXPENDITURES (Sections N - S)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
|---|---|
| Oberlander2026 | 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? | Street Address | City | State | Zip Code | Amount | Purpose of Expenditure (by code) | Description | Event # |
|---|---|---|---|---|---|---|---|---|---|---|
| Brown & Bigelow, Inc. | 06/12/2026 | ☐ Yes ☒ No | 1355 Mendota Heights Rd # 290 | Mendota Heights | MN | 55120 | $955.73 | A-OTH | | |
| The Innovest Group, Inc. | 06/16/2026 | ☐ Yes ☒ No | c/o HB Nitkin Group, 230 Mason St | Greenwich | CT | 06830 | $7,500.00 | OVHD | Rent | |
| The Innovest Group, Inc. | 06/16/2026 | ☐ Yes ☒ No | c/o HB Nitkin Group, 230 Mason St | Greenwich | CT | 06830 | $2,500.00 | OVHD | Office space security deposit | |
| HUB International | 06/16/2026 | ☐ Yes ☒ No | 401 Broadhollow Rd Ste 200 | Melville | NY | 11747 | $569.42 | OVHD | | |

## IV. EXPENDITURES (Sections N - S)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
|---|---|
| Oberlander2026 | 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? | Street Address | City | State | Zip Code | Amount | Purpose of Expenditure (by code) | Description | Event # |
|---|---|---|---|---|---|---|---|---|---|---|
| Staples | 06/17/2026 | ☐ Yes ☒ No | 1297 E Putnam Ave | Riverside | CT | 06878 | $79.03 | OFFICE | | |
| Wix.com LTD | 06/21/2026 | ☐ Yes ☒ No | Yunitsman 5 | Tel Aviv | IL | | $28.71 | WEB | | |
| Back Market Inc. | 06/23/2026 | ☐ Yes ☒ No | 41 Union Sq W Fl 2 | New York | NY | 10003 | $370.88 | EFV * | Refurbished laptop | |

**Total of Section O** **$24,575.52**

## IV. EXPENDITURES (Sections N - S)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
|---|---|
| Oberlander2026 | 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 |
|---|---|
| Oberlander2026 | July 10 Filing - Original |

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

| Name of Creditor | | | Date Incurred |
|---|---|---|---|
| Julianna Goldfluss | | | 06/09/2026 |
| **Street Address** | **City** | **State** | **Zip Code** |
| 38 Kenyon St | Hartford | CT | 06105 |

| Purpose of Expenditure (by code) | Description | Amount Incurred (Estimate or Actual) |
|---|---|---|
| WAGE | | |

| Is this expenditure coordinated with another candidate for which reimbursement is sought? | Expenditure # (if applicable) | Event # |
|---|---|---|
| ☐ Yes ☒ No | | |
| If yes, assign an Expenditure # and completes Itemization in Addendum Q | | $700.00 |

| Name of Creditor | | | Date Incurred |
|---|---|---|---|
| Brown & Bigelow, Inc. | | | 06/25/2026 |
| **Street Address** | **City** | **State** | **Zip Code** |
| 1355 Mendota Heights Rd # 290 | Mendota Heights | MN | 55120 |

| Purpose of Expenditure (by code) | Description | Amount Incurred (Estimate or Actual) |
|---|---|---|
| A-OTH | | |

| Is this expenditure coordinated with another candidate for which reimbursement is sought? | Expenditure # (if applicable) | Event # |
|---|---|---|
| ☐ Yes ☐ No | | |
| If yes, assign an Expenditure # and completes Itemization in Addendum Q | | $348.02 |

## IV. EXPENDITURES (Sections N - S)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
|---|---|
| Oberlander2026 | July 10 Filing - Original |

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

| Name of Creditor | | | Date Incurred | |
|---|---|---|---|---|
| Evan Mills | | | 06/30/2026 | |
| **Street Address** | **City** | | **State** | **Zip Code** |
| 29 Chapel Ln | Riverside | | CT | 06878 |
| **Purpose of Expenditure (by code)** | **Description** | | **Amount Incurred (Estimate or Actual)** | |
| WAGE | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No<br>If yes, assign an Expenditure # and completes Itemization in Addendum Q | | **Expenditure # (if applicable)** | **Event #** | $114.75 |

| | |
|---|---|
| **Total of Section Q** | **$1,162.77** |

## IV. EXPENDITURES (Sections N - S)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
|---|---|
| Oberlander2026 | 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: |
|---|---|---|---|---|
| Murchie | David | | 06/03/2026 | [X] Check # 1001 [ ] Debit Card [ ] EFT |

| Name of Vendor Paid by Committee Worker/Consultant | | | |
|---|---|---|---|
| WPForms | | | |
| **Street Address of Vendor** | **City** | **State** | **Zip Code** |
| 400 Executive Center Dr Ste 208 | West Palm Beach | FL | 33401 |

| Purpose of Expenditure (by code) | Description |
|---|---|
| WEB | |

| Is this expenditure coordinated with another candidate for which reimbursement is sought? | Expenditure # (if applicable) | Event # | Amount |
|---|---|---|---|
| [ ] Yes [X] No<br>If yes, assign an Expenditure # and completes Itemization in Addendum R | | | $100.00 |

| Last Name of Worker/Consultant | First | MI | Date of Payment to Vendor | Payment to Reimburse Committee Worker/Consultant as reported in Section N: |
|---|---|---|---|---|
| Sheehan | Christopher | | 06/04/2026 | [X] Check # 1002 [ ] Debit Card [ ] EFT |

| Name of Vendor Paid by Committee Worker/Consultant | | | |
|---|---|---|---|
| PhoneBurner | | | |
| **Street Address of Vendor** | **City** | **State** | **Zip Code** |
| 1968 S Coast Hwy Ste 1800 | Laguna Beach | CA | 92651 |

| Purpose of Expenditure (by code) | Description |
|---|---|
| A-PH-BNK | |

| Is this expenditure coordinated with another candidate for which reimbursement is sought? | Expenditure # (if applicable) | Event # | Amount |
|---|---|---|---|
| [ ] Yes [X] No<br>If yes, assign an Expenditure # and completes Itemization in Addendum R | | | $215.00 |

## IV. EXPENDITURES (Sections N - S)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
|---|---|
| Oberlander2026 | 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: |
|---|---|---|---|---|
| Sheehan | Christopher | | 06/10/2026 | [X] Check # 1002 [ ] Debit Card [ ] EFT |

Name of Vendor Paid by Committee Worker/Consultant: A2 Hosting LLC

| Street Address of Vendor | City | State | Zip Code |
|---|---|---|---|
| 1201 N Market St Ste 111-N73 | Wilmington | DE | 19801 |

| Purpose of Expenditure (by code) | Description |
|---|---|
| WEB | |

| Is this expenditure coordinated with another candidate for which reimbursement is sought? | Expenditure # (if applicable) | Event # | Amount |
|---|---|---|---|
| [ ] Yes [X] No<br>If yes, assign an Expenditure # and completes Itemization in Addendum R | | | $35.88 |

| Last Name of Worker/Consultant | First | MI | Date of Payment to Vendor | Payment to Reimburse Committee Worker/Consultant as reported in Section N: |
|---|---|---|---|---|
| Sheehan | Christopher | | 06/13/2026 | [X] Check # 1002 [ ] Debit Card [ ] EFT |

Name of Vendor Paid by Committee Worker/Consultant: Quo

| Street Address of Vendor | City | State | Zip Code |
|---|---|---|---|
| 2261 Market St PMB 4157 | San Francisco | CA | 94114 |

| Purpose of Expenditure (by code) | Description |
|---|---|
| A-PH-BNK | |

| Is this expenditure coordinated with another candidate for which reimbursement is sought? | Expenditure # (if applicable) | Event # | Amount |
|---|---|---|---|
| [ ] Yes [X] No<br>If yes, assign an Expenditure # and completes Itemization in Addendum R | | | $38.38 |

| | |
|---|---|
| **Total of Section R** | **$389.26** |

## IV. EXPENDITURES (Sectuibs N - S)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
|---|---|
| Oberlander2026 | 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 |
|---|---|
| | |