

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

Revised February 2015



Electronic Filing

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Page 1 of 109

COVER PAGE

1. NAME OF COMMITTEE				2. TYPE OF COMMITTEE	
Jen Tooker for Comptroller				☒ Candidate Committee ☐ Exploratory Committee	
3. TREASURER NAME					
First Andrea		MI	Last Moore		Suffix
4. TREASURER ADDRESS					
Street Address 2A Baker Ave		City Westport		State CT	Zip Code 06880
5. ELECTION DATE		6. OFFICE SOUGHT (Complete only if Candidate Committee)			7. DISTRICT NUMBER (if applicable)
11/03/2026		State Comptroller			
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First Jennifer		MI S	Last Tooker		Suffix
9. TYPE OF REPORT					
July 10 Filing - Original					
10. PERIOD COVERED					
Beginning Date Ending Date					
04/01/2026 thru 06/30/2026					
11. CERTIFICATION					
☒ I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.					
Electronic Filing		Andrea Moore		07/10/2026 1:28:07PM	
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	
Jen Tooker for Comptroller	July 10 Filing - Original	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		\$0.00
13. Balance on hand at the beginning of Reporting Period	\$33,998.16	
14. Contributions received from Individuals (Section A and B)	\$38,435.00	\$63,441.00
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
16. Other Monetary Receipts (Section D through I)	\$0.00	\$10,000.00
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)	\$38,435.00	\$73,441.00
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$72,433.16	\$73,441.00
20. Expenses Paid by Committee (Section N)	\$9,246.01	\$10,253.85
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns)	\$63,187.15	\$63,187.15
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$0.00
23. In-Kind Donations not Considered Contributions - House Party (Section J4)	\$0.00	\$0.00
24. In-Kind Contributions Received (Section K)	\$0.00	\$0.00
25. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00
26. Beginning Loan Balance	\$0.00	
26a. + Loans Received (Section D)	\$0.00	\$0.00
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
26c. - Payments on Loan(s)	\$0.00	\$0.00
26d. Total Outstanding Loan Amount	\$0.00	
27. Campaign Expenses Paid By Candidate (Section O)	\$0.00	\$0.00
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$46,256.57	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$46,256.57	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Jen Tooker for Comptroller		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 Kiely		First Diane		MI	Contribution ID # 0119
Residential Street Address 58 Adams Dr		City Shelton		State CT	Zip Code 06484
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/01/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Bowditch		First Wendy		MI	Contribution ID # 0120
Residential Street Address 70 Todds Way		City Easton		State CT	Zip Code 06612
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/02/2026	Aggregate Contributions \$150.00	\$150.00

Last Name Hemmeler		First Kelly		MI	Contribution ID # 0121
Residential Street Address PO Box 451		City Enfield		State CT	Zip Code 06083
Principal Occupation Bookkeeper		Name of Employer KH Bookkeeping Service			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/02/2026	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Broder		First J Scott		MI	Contribution ID # 0122
Residential Street Address 24 Regents Park		City Westport		State CT	Zip Code 06880
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/03/2026	Aggregate Contributions \$150.00	\$150.00

Last Name Shea		First Chris		MI	Contribution ID # 0123
Residential Street Address 247 Forest Ln		City New Haven		State CT	Zip Code 06410
Principal Occupation Firefighter		Name of Employer North Haven			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/07/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Kelly		First Joseph		MI	Contribution ID # 0124
Residential Street Address 1 Windrose Way		City Greenwich		State CT	Zip Code 06830
Principal Occupation CEO		Name of Employer SSY			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/08/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Coloske		First Ingrid		MI	Contribution ID # 0125
Residential Street Address 34 Town Line Rd		City New Hartford		State CT	Zip Code 06057
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/09/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Johnon		First Michael		MI	Contribution ID # 0126
Residential Street Address 17 Melrose Ave		City Norwalk		State CT	Zip Code 06885
Principal Occupation Self Employed		Name of Employer Maximillian Leander Corp			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/09/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Drapp III		First John C.		MI	Contribution ID # 0127
Residential Street Address 41 Jackson Dr		City Milford		State CT	Zip Code 06460
Principal Occupation Attorney		Name of Employer Drapp 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	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/12/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Hull		First Susan		MI	Contribution ID # 0128
Residential Street Address 234 Ross Hill Rd		City Lisbon		State CT	Zip Code 06351
Principal Occupation Travel Agent		Name of Employer HMS Consulting			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/16/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Newton		First Tim		MI	Contribution ID # 0129
Residential Street Address 75 Barnard Dr		City Newington		State CT	Zip Code 06111
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/16/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Bhardwaj		First Ashutosh		MI	Contribution ID # 0130
Residential Street Address 18 Twin Circle Dr		City Westport		State CT	Zip Code 06880
Principal Occupation Unemployed		Name of Employer Unemployed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/17/2026	Aggregate Contributions \$480.00	\$240.00

Last Name Bhardwaj		First Ashutosh		MI	Contribution ID # 0131
Residential Street Address 18 Twin Circle Dr		City Westport		State CT	Zip Code 06880
Principal Occupation Unemployed		Name of Employer Unemployed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/17/2026	Aggregate Contributions \$480.00	\$240.00

Last Name Bhardwaj		First Iryna		MI	Contribution ID # 0132
Residential Street Address 18 Twin Circle Dr		City Westport		State CT	Zip Code 06880
Principal Occupation Logistics Manager		Name of Employer Beiersdorf			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/17/2026	Aggregate Contributions \$240.00	\$240.00

Last Name Veley		First Scott		MI	Contribution ID # 0133
Residential Street Address 1424 Orchard Rd		City Berlin		State CT	Zip Code 06037
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/20/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Sweeney		First Douglas		MI	Contribution ID # 0134
Residential Street Address 10 Little Brook Dr		City Newington		State CT	Zip Code 06111
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/20/2026	Aggregate Contributions \$50.00	\$50.00

Last Name McGavic		First Nancy		MI	Contribution ID # 0135
Residential Street Address 98 Lanesville Rd		City New Milford		State CT	Zip Code 06776
Principal Occupation Tax Collector		Name of Employer Town of New Milford			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/21/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Vengrow		First Adam		MI	Contribution ID # 0136
Residential Street Address 10 Bolton Ln		City Westport		State CT	Zip Code 06880
Principal Occupation MD Credit Fixed Income		Name of Employer Stifel			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/23/2026	Aggregate Contributions \$250.00	\$250.00

Last Name Bernhart		First William		MI	Contribution ID # 0137
Residential Street Address 36 A Turkey Hill Rd		City Chester		State CT	Zip Code 06412
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/23/2026	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Bolinsky		First Mitch		MI	Contribution ID # 0138
Residential Street Address 3 Wiley Ln		City Newtown		State CT	Zip Code 06470
Principal Occupation Lawmaker		Name of Employer CT General Assembly			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/24/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Hargrove		First Isabelle		MI	Contribution ID # 0139
Residential Street Address 312 Popes Island Rd		City Milford		State CT	Zip Code 06461
Principal Occupation Director of Development		Name of Employer Buckley Institute			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/25/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Smith		First Paula		MI	Contribution ID # 0140
Residential Street Address 62 Hauser St		City Milford		State CT	Zip Code 06460
Principal Occupation Business analyst		Name of Employer Parker Hannifin			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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	\$25.00

Last Name Fellenbaum		First Debra		MI	Contribution ID # 0141
Residential Street Address 182 Forest Rd		City Milford		State CT	Zip Code 06461
Principal Occupation Republican Registrar of Voters		Name of Employer City of Milford			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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 \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Spicer		First Daniel		MI	Contribution ID # 0142
Residential Street Address 7 Flax Mill Ln		City Milford		State CT	Zip Code 06461
Principal Occupation Global Director of Sales		Name of Employer Light Sources Inc			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/27/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Eiler		First Joanne		MI	Contribution ID # 0143
Residential Street Address 36 Bunny Ln		City Brooklyn		State CT	Zip Code 06234
Principal Occupation Medical Claims Specialist		Name of Employer JR Eiler			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/28/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Amin		First Kal		MI	Contribution ID # 0144
Residential Street Address 18 Sturges Cmns		City Westport		State CT	Zip Code 06880
Principal Occupation Managing Partner		Name of Employer 1848 Ventures			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/29/2026	Aggregate Contributions \$340.00	\$340.00

Last Name McKinney-Tritschler		First Libby		MI	Contribution ID # 0145
Residential Street Address 271 Westway Rd		City Southport		State CT	Zip Code 06890
Principal Occupation Realtor		Name of Employer William Raveis			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$340.00	\$340.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Borelli		First Joseph		MI	Contribution ID # 0146
Residential Street Address 291 Shirley Ave		City Staten Island		State NY	Zip Code 10312
Principal Occupation Consulting		Name of Employer Self Employed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$340.00	\$340.00

Last Name King		First Andrew		MI	Contribution ID # 0147
Residential Street Address 11 E Lenox St		City Chevy Chase		State MD	Zip Code 20815
Principal Occupation Consultant		Name of Employer Neale Creek, LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Andreana		First Joe		MI	Contribution ID # 0148
Residential Street Address 51 Halpin Ave		City Stamford		State CT	Zip Code 06905
Principal Occupation Manager		Name of Employer PMI			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Coelho		First Michelle		MI	Contribution ID # 0149
Residential Street Address 47 E Lake Rd		City Danbury		State CT	Zip Code 06811
Principal Occupation Homemaker		Name of Employer Homemaker			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/01/2026	Aggregate Contributions \$150.00	\$150.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Coelho		First Michael		MI	Contribution ID # 0150
Residential Street Address 47 E Lake Rd		City Danbury		State CT	Zip Code 06811
Principal Occupation Project Manager		Name of Employer A Pappajohn Company			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/01/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Wolgast		First Janet		MI	Contribution ID # 0151
Residential Street Address 20 Sturges Cmns		City Westport		State CT	Zip Code 06880
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/03/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Briggs		First Brandi		MI	Contribution ID # 0152
Residential Street Address 37 High Point Rd		City Westport		State CT	Zip Code 06880
Principal Occupation Consultant		Name of Employer Moreland group			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/04/2026	Aggregate Contributions \$340.00	\$340.00

Last Name McCollum		First Ira		MI	Contribution ID # 0153
Residential Street Address 12 Sunny Heights Rd		City Moodus		State CT	Zip Code 06469
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/06/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Miller		First Kurt		MI	Contribution ID # 0154
Residential Street Address 18 Swan Ave		City Seymour		State CT	Zip Code 06483
Principal Occupation CAO		Name of Employer Town of Seymour			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/06/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Caggiano		First Jeffrey		MI	Contribution ID # 0155
Residential Street Address 100 N Main St # 306		City Bristol		State CT	Zip Code 06010
Principal Occupation Director of Community Relations		Name of Employer Phalcon			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/06/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Dunn		First Phillip		MI	Contribution ID # 0156
Residential Street Address 14 Greencrest Dr		City Farmington		State CT	Zip Code 06032
Principal Occupation Attorney		Name of Employer Jackson O'Keefe, LLP			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/07/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Healy		First Chris		MI	Contribution ID # 0157
Residential Street Address 27 Dorchester Rd		City Wethersfield		State CT	Zip Code 06109
Principal Occupation Executive Director		Name of Employer CT Catholic Conference			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/07/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Morrison		First Thomas		MI	Contribution ID # 0158
Residential Street Address 222 Belgo Rd PO Box 658		City Lakeville		State CT	Zip Code 06039
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/07/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Gregorio		First Michele		MI	Contribution ID # 0159
Residential Street Address 4 Grove St Unit 23		City Moodus		State CT	Zip Code 06469
Principal Occupation Realtor / Consultant		Name of Employer Century 21 All Points Realty			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/07/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Marcocci		First Rita		MI	Contribution ID # 0160
Residential Street Address 9 Vani Ct		City Westport		State CT	Zip Code 06880
Principal Occupation Filmmaker/Producer		Name of Employer Verus Studios, LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/08/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Trotta		First Jonathan		MI	Contribution ID # 0161
Residential Street Address 42 Water St # 185		City Guilford		State CT	Zip Code 06437
Principal Occupation RE investment		Name of Employer Self Employed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/11/2026	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Jones		First darlene		MI	Contribution ID # 0162
Residential Street Address 358 Cold Spring Dr		City Westbrook		State CT	Zip Code 06498
Principal Occupation Auditor		Name of Employer State of Connecticut, DOL			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/13/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Bhardwaj		First Ashutosh		MI	Contribution ID # 0163
Residential Street Address 18 Twin Circle Dr		City Westport		State CT	Zip Code 06880
Principal Occupation Self Employed		Name of Employer Real Estate Owner			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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 \$580.00	\$100.00

Last Name Bhardwaj		First Iryna		MI	Contribution ID # 0164
Residential Street Address 18 Twin Circle Dr		City Westport		State CT	Zip Code 06880
Principal Occupation Logistics Manager		Name of Employer Beiersdorf			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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 \$340.00	\$100.00

Last Name Robinson		First Victoria		MI M	Contribution ID # 0165
Residential Street Address 791 Margaret Henry Rd		City Sterling		State CT	Zip Code 06377
Principal Occupation ZEO/CEO		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/14/2026	Aggregate Contributions \$10.00	\$10.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Lewis		First Ernest		MI H	Contribution ID # 0166
Residential Street Address 791 Margaret Henry Rd		City Sterling		State CT	Zip Code 06377
Principal Occupation Armed Guard		Name of Employer Allied Universal			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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 \$10.00	\$10.00

Last Name Berlin		First Janet		MI CT	Contribution ID # 0167
Residential Street Address 20 Spring Ln		City Milford		State CT	Zip Code 06460
Principal Occupation Deputy ROV		Name of Employer City of Milford			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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 \$5.00	\$5.00

Last Name Gurevich		First Anatoliy		MI CT	Contribution ID # 0168
Residential Street Address 17 Twin Circle Dr		City Westport		State CT	Zip Code 06880
Principal Occupation Self Employed		Name of Employer Self Employed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/14/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Gurevich		First Inessa		MI CT	Contribution ID # 0169
Residential Street Address 17 Twin Circle Dr		City Westport		State CT	Zip Code 06880
Principal Occupation Self Employed		Name of Employer Self Employed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/14/2026	Aggregate Contributions \$340.00	\$340.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Sears		First Wendy		MI A	Contribution ID # 0170
Residential Street Address 222 Huntington Rd		City Scotland		State CT	Zip Code 06264
Principal Occupation Business Manager		Name of Employer Ct Equine Clinic			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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 \$100.00	\$100.00

Last Name Morrison		First Thomas		MI C	Contribution ID # 0171
Residential Street Address 222 Belgo Rd		City Lakeville		State CT	Zip Code 06039
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/14/2026	Aggregate Contributions \$75.00	\$75.00

Last Name Meyer		First Theresa		MI	Contribution ID # 0172
Residential Street Address 18 Thomas St		City Enfield		State CT	Zip Code 06082
Principal Occupation Accountant		Name of Employer T. Meyer Associates LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/19/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Lee		First Rhandi		MI	Contribution ID # 0173
Residential Street Address 1 Fairway Ct		City Pawcatuck		State CT	Zip Code 06379
Principal Occupation Owner/Landlord		Name of Employer Murphy Apts Ilc			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/19/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Simoncek		First Joseph		MI	Contribution ID # 0174
Residential Street Address 61 Governors Ave		City Milford		State CT	Zip Code 06460
Principal Occupation Engineering Manager		Name of Employer Stanchem Polymers			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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 \$75.00	\$75.00

Last Name Camche		First Jamie		MI	Contribution ID # 0175
Residential Street Address 5 Pebble Beach Ln		City Westport		State CT	Zip Code 06880
Principal Occupation Retail Merchant		Name of Employer JLROCKS			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/27/2026	Aggregate Contributions \$400.00	\$150.00

Last Name Podziba		First Julie		MI	Contribution ID # 0176
Residential Street Address 40 Prospect Rd		City Westport		State CT	Zip Code 06880
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/28/2026	Aggregate Contributions \$250.00	\$250.00

Last Name OConnell		First James		MI	Contribution ID # 0177
Residential Street Address 12 Kenter Pl		City New Haven		State CT	Zip Code 06515
Principal Occupation Teacher		Name of Employer Kolbe Cathedral High School			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 06222026a	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/30/2026	Aggregate Contributions \$220.00	\$200.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Carlson		First John		MI	Contribution ID # 0178
Residential Street Address 291 Greenwich Ave		City New Haven		State CT	Zip Code 06519
Principal Occupation Teacher		Name of Employer City of Bridgeport			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # <u>06222026a</u>	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/30/2026	Aggregate Contributions \$250.00	\$250.00

Last Name Davis		First Maxine		MI	Contribution ID # 0179
Residential Street Address 11 Valley View Dr		City Windsor		State CT	Zip Code 06095
Principal Occupation RN		Name of Employer The Loomis Chaffee School			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/31/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Augustin		First Oliver		MI	Contribution ID # 0180
Residential Street Address 780 Winchester Ave # 1		City New Haven		State CT	Zip Code 06511
Principal Occupation Journeyman Carpenter		Name of Employer Carpenters Local 326			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # <u>06222026a</u>	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/31/2026	Aggregate Contributions \$200.00	\$200.00

Last Name Martin		First Scott		MI	Contribution ID # 0181
Residential Street Address 4 Westway Rd		City Westport		State CT	Zip Code 06880
Principal Occupation Financier		Name of Employer Self Employed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/31/2026	Aggregate Contributions \$340.00	\$340.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Eckart		First Heidi		MI	Contribution ID # 0182
Residential Street Address 13905 Beverly St		City Overland Park		State KS	Zip Code 66223
Principal Occupation Homemaker		Name of Employer Homemaker			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/01/2026	Aggregate Contributions \$250.00	\$250.00

Last Name Stefanowski		First Amy		MI	Contribution ID # 0183
Residential Street Address 1046 Boston Post Rd		City Madison		State CT	Zip Code 06443
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/01/2026	Aggregate Contributions \$250.00	\$250.00

Last Name Arora		First Harry		MI	Contribution ID # 0184
Residential Street Address 56 Rockwood Ln		City Greenwich		State CT	Zip Code 06830
Principal Occupation Investment Management		Name of Employer Alphastrat			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event 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 \$340.00	\$340.00

Last Name Friedman		First Mitchel		MI	Contribution ID # 0185
Residential Street Address 7 Rices Ln		City Westport		State CT	Zip Code 06880
Principal Occupation Consultant		Name of Employer RCS Real Estate Advisors			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/01/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Ruscio		First Nicole		MI	Contribution ID # 0186
Residential Street Address 15 Mill Hill Ln		City Southport		State CT	Zip Code 06890
Principal Occupation Self Employed		Name of Employer Ruscio Enterprises, Inc.			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/01/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Botur		First Andrea		MI	Contribution ID # 0187
Residential Street Address 4 Spriteview Ave		City Westport		State CT	Zip Code 06880
Principal Occupation Homemaker		Name of Employer Homemaker			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/01/2026	Aggregate Contributions \$250.00	\$250.00

Last Name Slade		First Gadi		MI	Contribution ID # 0188
Residential Street Address 48 Owenoke Park		City Westport		State CT	Zip Code 06880
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/01/2026	Aggregate Contributions \$450.00	\$250.00

Last Name Floyd		First David		MI	Contribution ID # 0189
Residential Street Address 5 Concord Ln		City Westport		State CT	Zip Code 06880
Principal Occupation Recruiter		Name of Employer SpringbokSearch			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # <u>06032026a</u>	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/02/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Harris		First William		MI	Contribution ID # 0190
Residential Street Address 2169 Alworth Ter		City Wellington		State FL	Zip Code 33414
Principal Occupation Executive		Name of Employer AAPI			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 06032026a	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/02/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Monroy Smith		First Aimee		MI	Contribution ID # 0191
Residential Street Address 37 Island Way		City Westport		State CT	Zip Code 06880
Principal Occupation Nonprofit		Name of Employer The Housing Collective			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event 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 \$100.00	\$100.00

Last Name Violette		First Steven		MI	Contribution ID # 0192
Residential Street Address 121 North Ave		City Westport		State CT	Zip Code 06880
Principal Occupation Financial advisor		Name of Employer Wells Fargo Advisors			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/02/2026	Aggregate Contributions \$450.00	\$200.00

Last Name Danner		First Mary		MI	Contribution ID # 0193
Residential Street Address 5860 Kildare Cir NW		City Canton		State OH	Zip Code 44718
Principal Occupation Homemaker		Name of Employer Homemaker			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/02/2026	Aggregate Contributions \$340.00	\$340.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Boughton		First Ed		MI	Contribution ID # 0194
Residential Street Address 205 Branford Rd		City North Branford		State CT	Zip Code 06471
Principal Occupation Mechanic		Name of Employer E.J. Boughton Co			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/02/2026	Aggregate Contributions \$200.00	\$200.00

Last Name Roda		First Carmen		MI	Contribution ID # 0195
Residential Street Address 25 Thistle Rd		City Norwalk		State CT	Zip Code 06851
Principal Occupation Superintendent Recreation		Name of Employer Town of Westport			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # <u>06032026a</u>	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/03/2026	Aggregate Contributions \$150.00	\$150.00

Last Name Coykendall		First Gail		MI	Contribution ID # 0196
Residential Street Address 30 Island Way		City Westport		State CT	Zip Code 06880
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # <u>06032026a</u>	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/03/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Carter		First Dan		MI	Contribution ID # 0197
Residential Street Address 14 Katrina Cir		City Bethel		State CT	Zip Code 06801
Principal Occupation First Selectman		Name of Employer Town of Bethel			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/03/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Coykendall		First John		MI	Contribution ID # 0198
Residential Street Address 30 Island Way		City Westport		State CT	Zip Code 06880
Principal Occupation Principal		Name of Employer Deloitte Consulting			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 06032026a	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/03/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Jensen		First Julia		MI	Contribution ID # 0199
Residential Street Address 159 Kings Hwy		City Westport		State CT	Zip Code 06880
Principal Occupation Communications		Name of Employer Stephen Kempson London			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 06032026a	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/03/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Hoxha		First Joe		MI	Contribution ID # 0200
Residential Street Address 18 Mills St		City Bristol		State CT	Zip Code 06010
Principal Occupation Legislator		Name of Employer CGA			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/05/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Sarris		First George		MI	Contribution ID # 0201
Residential Street Address 601 White Plains Rd		City Trumbull		State CT	Zip Code 06611
Principal Occupation Author/Narrator/Spokesman		Name of Employer Self employed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/05/2026	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Sarris		First Suzan		MI	Contribution ID # 0202
Residential Street Address 601 White Plains Rd		City Trumbull		State CT	Zip Code 06611
Principal Occupation Homemaker		Name of Employer Homemaker			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/05/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Bulick		First James		MI	Contribution ID # 0203
Residential Street Address 12 Laurel Dr		City Wilmington		State CT	Zip Code 06279
Principal Occupation Manager		Name of Employer Kaman Air Vehicles			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/05/2026	Aggregate Contributions \$50.00	\$50.00

Last Name ODay		First Antonia		MI	Contribution ID # 0204
Residential Street Address 8 Sniffen Rd		City Westport		State CT	Zip Code 06880
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/07/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Sirlin		First Cliff		MI	Contribution ID # 0205
Residential Street Address 9 Silver Brook Rd		City Westport		State CT	Zip Code 06880
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/09/2026	Aggregate Contributions \$340.00	\$340.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Sirlin		First Sue		MI	Contribution ID # 0206
Residential Street Address 9 Silver Brook Rd		City Westport		State CT	Zip Code 06880
Principal Occupation Therapist		Name of Employer Family Works Counseling			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/09/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Evans		First Kamand		MI	Contribution ID # 0207
Residential Street Address S Drumlin Rd		City Westport		State CT	Zip Code 06880
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 06032026a	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/09/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Kurowski		First C. Marcella		MI	Contribution ID # 0208
Residential Street Address 37 W Ridgeland Rd		City Wallingford		State CT	Zip Code 06492
Principal Occupation Homemaker		Name of Employer Homemaker			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 06222026a	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/09/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Evans		First Hannah		MI Y	Contribution ID # 0209
Residential Street Address 8 Drumlin Rd		City Westport		State CT	Zip Code 06880
Principal Occupation Front Desk Gym		Name of Employer Saugatuck Riding Club			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 06032026a	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/09/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Evans		First Sarah		MI N	Contribution ID # 0210
Residential Street Address 8 Drumlin Rd		City Westport		State CT	Zip Code 06880
Principal Occupation Student		Name of Employer Student			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # <u>06032026a</u>	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/09/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Hoydick		First Laura		MI	Contribution ID # 0211
Residential Street Address 55 Castle Dr		City Stratford		State CT	Zip Code 06614
Principal Occupation Unemployed		Name of Employer Unemployed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/10/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Hoydick		First Paul		MI	Contribution ID # 0212
Residential Street Address 55 Castle Dr		City Stratford		State CT	Zip Code 06614
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/10/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Benoit		First Ronny		MI	Contribution ID # 0213
Residential Street Address 1015 Whalley Ave # B6		City New Haven		State CT	Zip Code 06515
Principal Occupation Shipping/receiving		Name of Employer Top Dog			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # <u>06222026a</u>	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/11/2026	Aggregate Contributions \$30.00	\$30.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Courpas		First Katherine		MI	Contribution ID # 0214
Residential Street Address 23 Orchard Hill Ln		City Greenwich		State CT	Zip Code 06831
Principal Occupation State Representative		Name of Employer CT General Assembly			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/11/2026	Aggregate Contributions \$150.00	\$150.00

Last Name Wilson		First Christopher		MI	Contribution ID # 0215
Residential Street Address 176 Michigan Rd		City New Canaan		State CT	Zip Code 06840
Principal Occupation Real Estate Financier		Name of Employer Fairfield Real Estate Finance			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event 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	\$100.00

Last Name Aurioso		First Domenico		MI	Contribution ID # 0216
Residential Street Address 216 McLay Ave		City East Haven		State CT	Zip Code 06512
Principal Occupation Wallpaper hanger		Name of Employer Aurioso Painting			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 06222026a	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/12/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Knag		First Paul		MI	Contribution ID # 0217
Residential Street Address 258 Park St		City New Canaan		State CT	Zip Code 06840
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/12/2026	Aggregate Contributions \$340.00	\$340.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Silhavey		First Christopher		MI	Contribution ID # 0218
Residential Street Address 111 Hickory Woods Ln		City Stratford		State CT	Zip Code 06614
Principal Occupation Technology Consultant		Name of Employer Accenture			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event 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 \$25.00	\$25.00

Last Name Hannan		First Gregg		MI	Contribution ID # 0219
Residential Street Address 246 Reeds Gap Rd # 3A		City North Branford		State CT	Zip Code 06472
Principal Occupation Attorney		Name of Employer State of Connecticut			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # <u>06222026a</u>	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/14/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Ambrifi		First Nicole		MI	Contribution ID # 0220
Residential Street Address 13 Burnham HI		City Westport		State CT	Zip Code 06880
Principal Occupation Sports Marketing		Name of Employer Big 3			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event 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 \$340.00	\$340.00

Last Name Ambrifi		First Matthew		MI	Contribution ID # 0221
Residential Street Address 13 Burnham HI		City Westport		State CT	Zip Code 06880
Principal Occupation Medical Assistant		Name of Employer Fairfield Dermatology			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event 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 \$340.00	\$340.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Ambrifi		First Ryan		MI	Contribution ID # 0222
Residential Street Address 13 Burnham HI		City Westport		State CT	Zip Code 06880
Principal Occupation Car Dealer		Name of Employer Land Rover Fairfield			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event 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 \$340.00	\$340.00

Last Name Manchester		First Jeff		MI	Contribution ID # 0223
Residential Street Address 14 Spriteview Ave		City Westport		State CT	Zip Code 06880
Principal Occupation Consultant		Name of Employer Jeff Manchester			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event 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 \$340.00	\$340.00

Last Name Mace		First Rebecca		MI	Contribution ID # 0224
Residential Street Address 11 Turtleback Ln		City Westport		State CT	Zip Code 06880
Principal Occupation Sales and marketing		Name of Employer Hawkshaw Research			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 06032026a	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/15/2026	Aggregate Contributions \$200.00	\$200.00

Last Name Tait		First Chris		MI	Contribution ID # 0225
Residential Street Address 10 Buena Vista Dr		City Westport		State CT	Zip Code 06880
Principal Occupation Hospitality		Name of Employer Self Employed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 06032026a	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/15/2026	Aggregate Contributions \$340.00	\$340.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Rothschild		First Allan		MI	Contribution ID # 0226
Residential Street Address 10 Colony Rd		City Westport		State CT	Zip Code 06880
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/15/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Zhang		First Eileen		MI	Contribution ID # 0227
Residential Street Address 57 Hills Ln		City Westport		State CT	Zip Code 06880
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/15/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Dorfman		First Ali		MI	Contribution ID # 0228
Residential Street Address 3 Hemlock Hill Rd		City Westport		State CT	Zip Code 06880
Principal Occupation Owner		Name of Employer Peak Productions LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/15/2026	Aggregate Contributions \$150.00	\$150.00

Last Name Gonzalez		First Jodi		MI	Contribution ID # 0229
Residential Street Address 6 Sugar Maple Ln		City Westport		State CT	Zip Code 06880
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/16/2026	Aggregate Contributions \$200.00	\$200.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Clay		First Julie		MI	Contribution ID # 0230
Residential Street Address 81 Ravens Croft		City Vernon		State CT	Zip Code 06066
Principal Occupation Office mgr		Name of Employer Clay Cabinets			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #		Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/16/2026	Aggregate Contributions \$100.00
				\$100.00	

Last Name Podziba		First Ken		MI	Contribution ID # 0231
Residential Street Address 40 Prospect Rd		City Westport		State CT	Zip Code 06880
Principal Occupation President and CEO		Name of Employer BikeNY			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #		Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/16/2026	Aggregate Contributions \$250.00
				\$250.00	

Last Name Shiffrin		First Mark		MI	Contribution ID # 0232
Residential Street Address 2 Brewery Sq # 106		City New Haven		State CT	Zip Code 06513
Principal Occupation Attorney		Name of Employer Law Office of Mark A. Shiffrin			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # <u>06222026a</u>		Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/16/2026	Aggregate Contributions \$50.00
				\$50.00	

Last Name Heyer		First Joe		MI	Contribution ID # 0233
Residential Street Address 4 Salem Rd		City Westport		State CT	Zip Code 06880
Principal Occupation Finance		Name of Employer Stack AV			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #		Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/16/2026	Aggregate Contributions \$200.00
				\$200.00	

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Kaner		First Abraham Avi		MI	Contribution ID # 0234
Residential Street Address 19 Deerwood Ln		City Westport		State CT	Zip Code 06880
Principal Occupation consulting		Name of Employer Bridge Harbor Advisors			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/16/2026	Aggregate Contributions \$150.00	\$150.00

Last Name Whiting		First Brian		MI	Contribution ID # 0235
Residential Street Address 19 Hitchcock Rd		City Westport		State CT	Zip Code 06880
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/16/2026	Aggregate Contributions \$340.00	\$340.00

Last Name D'Agostino		First Vincent		MI	Contribution ID # 0236
Residential Street Address 1915 Cutlass Cove Dr		City Vero Beach		State FL	Zip Code 32963
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/16/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Yang		First Bo		MI	Contribution ID # 0237
Residential Street Address 109 Brookside Dr		City Fairfield		State CT	Zip Code 06824
Principal Occupation IT		Name of Employer SS&C Technologies			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event 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 \$150.00	\$150.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Kiernan		First Kimberly		MI	Contribution ID # 0238
Residential Street Address 33 Marbern Ln		City Naugatuck		State CT	Zip Code 06770
Principal Occupation VP of IT		Name of Employer Culligan Quench			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event 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 \$5.00	\$5.00

Last Name Mudholkar		First Jay		MI	Contribution ID # 0239
Residential Street Address 5 Rainey Ln		City Westport		State CT	Zip Code 06880
Principal Occupation COO and head of product		Name of Employer Homere Inc., dba Santai			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/16/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Mudholkar		First Aparna		MI	Contribution ID # 0240
Residential Street Address 5 Rainey Ln		City Westport		State CT	Zip Code 06880
Principal Occupation Certified Hand Therapist		Name of Employer OrthoConnecticut/MotionPT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/17/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Dalzell		First Amanda		MI	Contribution ID # 0241
Residential Street Address 78 Clinton Ave		City Westport		State CT	Zip Code 06880
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/17/2026	Aggregate Contributions \$340.00	\$340.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Hurd		First Robert		MI	Contribution ID # 0242
Residential Street Address 7 Rheel St		City Vernon		State CT	Zip Code 06066
Principal Occupation Architect		Name of Employer Self Employed c/o The Architects			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 06172026a	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/17/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Bishop		First Joseph		MI	Contribution ID # 0243
Residential Street Address 13 Cedrus Ct		City Branford		State CT	Zip Code 06405
Principal Occupation Insurance Broker		Name of Employer Associated Insurance agencies Inc			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 06222026a	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/17/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Izzo		First James		MI	Contribution ID # 0244
Residential Street Address 62 Richmondville Ave		City Westport		State CT	Zip Code 06880
Principal Occupation Business Development		Name of Employer Neat Lending			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 06032026a	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/17/2026	Aggregate Contributions \$125.00	\$125.00

Last Name Mitchell		First Mark		MI	Contribution ID # 0245
Residential Street Address 45 Shores Dr		City Tolland		State CT	Zip Code 06084
Principal Occupation Seminar instructor		Name of Employer Self employed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 06172026a	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/17/2026	Aggregate Contributions \$150.00	\$150.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Wood		First Linda		MI	Contribution ID # 0246
Residential Street Address 42 Pool Rd		City North Haven		State CT	Zip Code 06473
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 06222026a	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/17/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Gallagher		First Edward		MI	Contribution ID # 0247
Residential Street Address 326 Norwich Rd		City Plainfield		State CT	Zip Code 06374
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/17/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Buxton		First Patricia		MI	Contribution ID # 0248
Residential Street Address 1031 Hartford Tpke # 481		City Vernon		State CT	Zip Code 06066
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 06172026a	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/17/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Vitale		First Alberta		MI	Contribution ID # 0249
Residential Street Address 7 Park Pl		City East Haven		State CT	Zip Code 06512
Principal Occupation Attorney		Name of Employer Self Employed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 06222026a	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/17/2026	Aggregate Contributions \$10.00	\$10.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Weiss		First Jeffrey		MI	Contribution ID # 0250
Residential Street Address 417 Willow Well Ct		City Cheshire		State CT	Zip Code 06410
Principal Occupation Sales		Name of Employer Marketing Communication Partners			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/17/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Catania		First Chuck		MI	Contribution ID # 0251
Residential Street Address 20 Dailey Cir		City Vernon		State CT	Zip Code 06066
Principal Occupation Principal		Name of Employer Branding with Chuck			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 06172026a	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/17/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Tedford		First James		MI	Contribution ID # 0252
Residential Street Address 70 Trout Stream Dr		City Vernon		State CT	Zip Code 06066
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 06172026a	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/17/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Latincsics		First Peter		MI	Contribution ID # 0253
Residential Street Address 97 Trask		City Willington		State CT	Zip Code 06279
Principal Occupation Elevator Consultant		Name of Employer Lerch Bates			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 06172026a	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/17/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Gordon		First Jeffrey		MI	Contribution ID # 0254
Residential Street Address 39 May Brk		City Woodstock		State CT	Zip Code 06281
Principal Occupation Doctor		Name of Employer UMass Memorial Health Harrington			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 06172026a	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/17/2026	Aggregate Contributions \$200.00	\$200.00

Last Name Kalkowski		First Stephen		MI	Contribution ID # 0255
Residential Street Address 27 Brightwood Ln		City Southington		State CT	Zip Code 06489
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/17/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Motola		First Brian		MI	Contribution ID # 0256
Residential Street Address 103 Vernwood Dr		City Vernon		State CT	Zip Code 06066
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 06172026a	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/17/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Buckman		First Amy		MI	Contribution ID # 0257
Residential Street Address 12 Bermuda Rd		City Westport		State CT	Zip Code 06880
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/17/2026	Aggregate Contributions \$200.00	\$200.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Davidson		First Alexander		MI	Contribution ID # 0258
Residential Street Address 71 Delafield Island Rd		City Darien		State CT	Zip Code 06820
Principal Occupation Financial Advisor		Name of Employer Morgan Stanley			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event 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 \$340.00	\$340.00

Last Name Overbaugh		First Mary Ann		MI	Contribution ID # 0259
Residential Street Address 706 Palisado Ave		City Windsor		State CT	Zip Code 06095
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/18/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Reis		First Carlos		MI	Contribution ID # 0260
Residential Street Address 206 Kimberly Ave		City New Haven		State CT	Zip Code 06519
Principal Occupation Security		Name of Employer YNHH			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # <u>06222026a</u>	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/18/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Virgo-Christie		First Victoria		MI	Contribution ID # 0261
Residential Street Address 86 E Wolcott Ave		City Windsor		State CT	Zip Code 06095
Principal Occupation Registrar		Name of Employer Town of Windsor			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event 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 \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Zepperi		First Joseph		MI	Contribution ID # 0262
Residential Street Address 347 Rood Ave		City Windsor		State CT	Zip Code 06095
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/18/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Montesanto		First James		MI	Contribution ID # 0263
Residential Street Address 825 Amity Rd		City Bethany		State CT	Zip Code 06524
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/19/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Moore		First Wendy		MI	Contribution ID # 0264
Residential Street Address 5 Parsons Walk		City Darien		State CT	Zip Code 06820
Principal Occupation Homemaker		Name of Employer Homemaker			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/19/2026	Aggregate Contributions \$250.00	\$250.00

Last Name Coffin		First Janette		MI	Contribution ID # 0265
Residential Street Address 35 Hobson Ave		City Windsor		State CT	Zip Code 06095
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/20/2026	Aggregate Contributions \$10.00	\$10.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Acri		First Anthony		MI	Contribution ID # 0266
Residential Street Address 114 Cove St		City New Haven		State CT	Zip Code 06512
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 06222026a	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/20/2026	Aggregate Contributions \$100.00	\$100.00

Last Name France		First Frederick		MI	Contribution ID # 0267
Residential Street Address 17 Garden Dr		City Gales Ferry		State CT	Zip Code 06335
Principal Occupation Engineering Manager		Name of Employer GDMS Progeny Systems			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 06302026a	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/20/2026	Aggregate Contributions \$250.00	\$250.00

Last Name feehan		First james		MI	Contribution ID # 0268
Residential Street Address 10 Nature Ln		City Shelton		State CT	Zip Code 06484
Principal Occupation President		Name of Employer NEFEA			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/20/2026	Aggregate Contributions \$250.00	\$250.00

Last Name Como		First Edward		MI	Contribution ID # 0269
Residential Street Address 60 Sage Dr		City Berlin		State CT	Zip Code 06037
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/20/2026	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Mcnelly		First Tom		MI	Contribution ID # 0270
Residential Street Address 1017 E Lake Rd		City Oakdale		State CT	Zip Code 06370
Principal Occupation Owner- PropertyManager		Name of Employer T&S Lawn Care and Property Mgt.			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # <u>06302026a</u>		Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/21/2026	Aggregate Contributions \$100.00
				\$100.00	

Last Name Schweffler		First Elizabeth		MI	Contribution ID # 0271
Residential Street Address 120 Wings Neck Rd		City Pocasset		State MA	Zip Code 02559
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #		Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/21/2026	Aggregate Contributions \$100.00
				\$100.00	

Last Name Enders		First Michael		MI	Contribution ID # 0272
Residential Street Address 51 Hughes St		City East Haven		State CT	Zip Code 06512
Principal Occupation Online instructor		Name of Employer Central Texas College			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #		Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/21/2026	Aggregate Contributions \$25.00
				\$25.00	

Last Name Ruden		First Jeffrey		MI	Contribution ID # 0273
Residential Street Address 31 Silent Grv N		City Westport		State CT	Zip Code 06880
Principal Occupation Private Banker		Name of Employer Fieldpoint Private Bank			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #		Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/22/2026	Aggregate Contributions \$340.00
				\$340.00	

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Lindwall		First Rebecca		MI	Contribution ID # 0274
Residential Street Address 3515 Kegler Ct SE		City Cedar Rapids		State IA	Zip Code 52403
Principal Occupation Student		Name of Employer Student			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/22/2026	Aggregate Contributions \$150.00	\$150.00

Last Name Santoro		First Anne		MI	Contribution ID # 0275
Residential Street Address 11 Rose Ln		City East Lyme		State CT	Zip Code 06333
Principal Occupation Attorney/Tennis Instructor		Name of Employer Anne Santoro			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/22/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Obsitnik		First Stephen		MI	Contribution ID # 0276
Residential Street Address 8 Imperial Lndg		City Westport		State CT	Zip Code 06880
Principal Occupation Executive		Name of Employer Arccos			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/22/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Milone		First Joseph		MI	Contribution ID # 0277
Residential Street Address 21 Anthony Dr		City New Haven		State CT	Zip Code 06512
Principal Occupation Paramedic		Name of Employer Danbury Hospital			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # <u>06222026a</u>	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/22/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Wessan		First Neil		MI	Contribution ID # 0278
Residential Street Address 2151 Harbourside Dr		City Longboat Key		State FL	Zip Code 34228
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/22/2026	Aggregate Contributions \$25.00	\$25.00

Last Name McDonough		First Linda		MI	Contribution ID # 0279
Residential Street Address 45 Stewart St		City New Haven		State CT	Zip Code 06512
Principal Occupation Educator		Name of Employer New Haven Public Schools			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/22/2026	Aggregate Contributions \$40.00	\$40.00

Last Name Lancia		First Christopher		MI	Contribution ID # 0280
Residential Street Address 87 Naugatuck Ave		City Milford		State CT	Zip Code 06460
Principal Occupation Fiber Optic		Name of Employer C@A Cable Service			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/22/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Leahy		First Patrick		MI	Contribution ID # 0281
Residential Street Address 26 Pequot Trl		City Westport		State CT	Zip Code 06880
Principal Occupation Executive		Name of Employer 8AM GOLF			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event 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 \$150.00	\$150.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name France		First Frederick		MI	Contribution ID # 0282
Residential Street Address 17 Garden Dr		City Gales Ferry		State CT	Zip Code 06335
Principal Occupation Engineering Manager		Name of Employer GDMS Progeny Systems			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # <u>06302026a</u>	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/23/2026	Aggregate Contributions \$340.00	\$90.00

Last Name Mandelbaum		First David		MI	Contribution ID # 0283
Residential Street Address 6 Birch Hill Rd		City Weston		State CT	Zip Code 06883
Principal Occupation Portfolio Manager		Name of Employer OnePoint BFG Wealth Partners			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/23/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Elliot		First Doug		MI	Contribution ID # 0284
Residential Street Address 121 Broad St		City Wethersfield		State CT	Zip Code 06109
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/23/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Liebert		First Lewis		MI	Contribution ID # 0285
Residential Street Address 3 Tupelo Rd		City Westport		State CT	Zip Code 06880
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/23/2026	Aggregate Contributions \$340.00	\$340.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Han		First Lois		MI	Contribution ID # 0286
Residential Street Address 900 Chapel St # 245		City New Haven		State CT	Zip Code 06510
Principal Occupation Self Employed		Name of Employer Self Employed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 06222026a	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/23/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Westphal		First Susan		MI	Contribution ID # 0287
Residential Street Address 89 Cavalry Rd .		City Westport		State CT	Zip Code 06880
Principal Occupation Attorney		Name of Employer Melissa & Doug			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/24/2026	Aggregate Contributions \$150.00	\$150.00

Last Name Schermerhorn		First Angela		MI	Contribution ID # 0288
Residential Street Address 12601 W 142nd St		City Overland Park		State KS	Zip Code 66221
Principal Occupation Counselor		Name of Employer School			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/24/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Halek		First Jeremy		MI	Contribution ID # 0289
Residential Street Address 1890 Poquonock Ave		City Windsor		State CT	Zip Code 06095
Principal Occupation Judicial Marshal		Name of Employer State of Connecticut Judicial Branch			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/24/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Calger		First Susan		MI	Contribution ID # 0290
Residential Street Address 84 Partrick Rd		City Westport		State CT	Zip Code 06880
Principal Occupation Homemaker		Name of Employer Homemaker			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/24/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Orland		First Carole		MI	Contribution ID # 0291
Residential Street Address 10 Westport Ave		City Westport		State CT	Zip Code 06880
Principal Occupation Attorney		Name of Employer Broder Orland Murray & DeMattie LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/25/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Hetzl		First Daniel		MI	Contribution ID # 0292
Residential Street Address 702 Pleasant Valley Rd N Apt 304		City Groton		State CT	Zip Code 06340
Principal Occupation Engineer		Name of Employer Electric Boat			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # <u>06302026a</u>	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/25/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Farrell		First Gerald		MI	Contribution ID # 0293
Residential Street Address 54 N Elm St		City Wallingford		State CT	Zip Code 06492
Principal Occupation Attorney		Name of Employer Law Office of Jerry Farrell, Jr.			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/25/2026	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Demark		First James		MI	Contribution ID # 0294
Residential Street Address 57 St Nicholas Rd		City Darien		State CT	Zip Code 06820
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/25/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Perry		First Michael		MI	Contribution ID # 0295
Residential Street Address 43 Sylvan Rd N		City Westport		State CT	Zip Code 06880
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/25/2026	Aggregate Contributions \$250.00	\$250.00

Last Name Wiener		First David		MI	Contribution ID # 0296
Residential Street Address 9 Marlin Rd		City Sandy Hook		State CT	Zip Code 06482
Principal Occupation Consultant		Name of Employer Deks			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/25/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Eidman		First Martha		MI N	Contribution ID # 0297
Residential Street Address 53 Kings Hwy N		City Westport		State CT	Zip Code 06880
Principal Occupation Realtor		Name of Employer Coldwell Banker			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/25/2026	Aggregate Contributions \$340.00	\$340.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name DiGiovanni		First Gene		MI J	Contribution ID # 0298
Residential Street Address 77 8th St		City Derby		State CT	Zip Code 06418
Principal Occupation Construction Management			Name of Employer DiGiovanni & Sons Const.		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 06222026a		Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/25/2026	
				Aggregate Contributions \$50.00	\$50.00

Last Name Kurowski		First C. Marcella		MI	Contribution ID # 0299
Residential Street Address 37 W Ridgeland Rd		City Wallingford		State CT	Zip Code 06492
Principal Occupation Homemaker			Name of Employer Homemaker		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 06222026a		Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/25/2026	
				Aggregate Contributions \$100.00	\$50.00

Last Name Irizarry		First Rafael		MI	Contribution ID # 0300
Residential Street Address 347 Weber St		City Stratford		State CT	Zip Code 06614
Principal Occupation N/A			Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 06222026a		Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/25/2026	
				Aggregate Contributions \$40.00	\$40.00

Last Name Catalano		First Joyce		MI M	Contribution ID # 0301
Residential Street Address 117 Cedar St Apt 2		City New Haven		State CT	Zip Code 06519
Principal Occupation Retired			Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 06222026a		Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/25/2026	
				Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Simone		First Lisa		MI	Contribution ID # 0302
Residential Street Address 114 Cove St		City New Haven		State CT	Zip Code 06512
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 06222026a	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/25/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Zola		First Andrea		MI	Contribution ID # 0303
Residential Street Address 91 Olive St Apt 3		City New Haven		State CT	Zip Code 06511
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 06222026a	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/25/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Merritt		First Lewis		MI I	Contribution ID # 0304
Residential Street Address 368 Hitching Post		City Orange		State CT	Zip Code 06477
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 06222026a	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/25/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Austin		First George		MI P	Contribution ID # 0305
Residential Street Address 520 South St		City Suffield		State CT	Zip Code 06078
Principal Occupation Contractor		Name of Employer JL Enterprises			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 06172026a	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/25/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Bowen		First Christopher		MI D	Contribution ID # 0306
Residential Street Address 131 Old Colony Rd		City Eastford		State CT	Zip Code 06242
Principal Occupation President		Name of Employer Eastford Fire & Rescue Sales, Inc.			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 06172026a	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/25/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Blessington		First John		MI CT	Contribution ID # 0307
Residential Street Address 29 Mason Rd		City Willington		State CT	Zip Code 06279
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 06172026a	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/25/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Haddad		First Peter		MI J	Contribution ID # 0308
Residential Street Address 39 111th St		City West Haven		State CT	Zip Code 06516
Principal Occupation Minister		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/25/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Kay		First Paula		MI S	Contribution ID # 0309
Residential Street Address 87 Cypress Rd		City Old Saybrook		State CT	Zip Code 06475
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/25/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Lasersohn		First Thomas		MI D	Contribution ID # 0310
Residential Street Address 304 North Ave		City Westport		State CT	Zip Code 06880
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/25/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Dunsby		First Adam		MI CT	Contribution ID # 0311
Residential Street Address 65 Redding Rd		City Easton		State CT	Zip Code 06612
Principal Occupation Professor		Name of Employer Sacred heart University			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/26/2026	Aggregate Contributions \$250.00	\$250.00

Last Name Sasser		First Patrick		MI CT	Contribution ID # 0312
Residential Street Address 166 Skyline Ln		City Stamford		State CT	Zip Code 06903
Principal Occupation Firefighter		Name of Employer City of Stamford			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/26/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Bajaj		First Arvind		MI CT	Contribution ID # 0313
Residential Street Address 149 Parish Rd		City New Canaan		State CT	Zip Code 06840
Principal Occupation Real Estate Investor		Name of Employer AKB Ventures LLC			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/26/2026	Aggregate Contributions \$340.00	\$340.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Barile		First Jim		MI	Contribution ID # 0314
Residential Street Address 111 Highland View Dr		City Somers		State CT	Zip Code 06071
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 06302026a	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/26/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Davis		First Paul		MI	Contribution ID # 0315
Residential Street Address 35 Narrow Rocks Rd		City Westport		State CT	Zip Code 06880
Principal Occupation Software Developer		Name of Employer Ultra Golden Software LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/26/2026	Aggregate Contributions \$100.00	\$50.00

Last Name Venditti		First Kristen		MI	Contribution ID # 0316
Residential Street Address 91 Shennecossett Pkwy		City Groton		State CT	Zip Code 06340
Principal Occupation Administrative		Name of Employer River Bend Cemetery			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 06302026a	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/26/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Connell		First Lucy		MI	Contribution ID # 0317
Residential Street Address 112 Harvest Cmns		City Westport		State CT	Zip Code 06880
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/26/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Connell		First Michael		MI	Contribution ID # 0318
Residential Street Address 112 Harvest Cmns		City Westport		State CT	Zip Code 06880
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/26/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Martire		First Maryanne		MI	Contribution ID # 0319
Residential Street Address 63 Turkey Hill Rd S		City Westport		State CT	Zip Code 06880
Principal Occupation Recruiter - Partner		Name of Employer Daversa Partners			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/26/2026	Aggregate Contributions \$250.00	\$250.00

Last Name Moynihan		First Kevin		MI	Contribution ID # 0320
Residential Street Address 330 Elm St Apt 6		City New Canaan		State CT	Zip Code 06840
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/26/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Purviance		First Scott		MI	Contribution ID # 0321
Residential Street Address 14819 Resolves Ln		City Charlotte		State NC	Zip Code 28277
Principal Occupation Insurance		Name of Employer Amwins Group			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/26/2026	Aggregate Contributions \$680.00	\$340.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Napolitano		First Joanne		MI	Contribution ID # 0322
Residential Street Address 12 Twin Circle Dr		City Westport		State CT	Zip Code 06880
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/26/2026	Aggregate Contributions \$200.00	\$200.00

Last Name Parrish		First Diane		MI	Contribution ID # 0323
Residential Street Address 273 Saugatuck Ave		City Westport		State CT	Zip Code 06880
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/27/2026	Aggregate Contributions \$500.00	\$250.00

Last Name Pincavage		First John		MI	Contribution ID # 0324
Residential Street Address 3 Nutcracker Ln		City Westport		State CT	Zip Code 06880
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/27/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Fuller		First joseph		MI	Contribution ID # 0325
Residential Street Address 35 Sherwood Dr		City Westport		State CT	Zip Code 06880
Principal Occupation Architect		Name of Employer Fuller and D'Angelo			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/27/2026	Aggregate Contributions \$250.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Stevenson		First Jayme		MI	Contribution ID # 0326
Residential Street Address 65 Saint Nicholas Rd		City Darien		State CT	Zip Code 06820
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/27/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Coffin		First Janette		MI	Contribution ID # 0327
Residential Street Address 35 Hobson Ave		City Windsor		State CT	Zip Code
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 06302026a	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/27/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Middlebrook		First Amber		MI	Contribution ID # 0328
Residential Street Address 6 Dover Rd		City North Haven		State CT	Zip Code 06473
Principal Occupation MRI		Name of Employer YNHH			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/27/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Fuller		First Victoria		MI	Contribution ID # 0329
Residential Street Address 118 Wilton Rd		City Westport		State CT	Zip Code 06880
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/27/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Puskar		First Annie		MI	Contribution ID # 0330
Residential Street Address 36 Earley Ct		City Bethany		State CT	Zip Code 06524
Principal Occupation Professor		Name of Employer University			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/27/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Kramer		First Karen		MI	Contribution ID # 0331
Residential Street Address 140 Lansdowne		City Westport		State CT	Zip Code 06880
Principal Occupation Real Estate Sales		Name of Employer Higgins Group			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/27/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Rusgrove		First Donna		MI	Contribution ID # 0332
Residential Street Address 15 Polly Dan Rd		City Burlington		State CT	Zip Code 06013
Principal Occupation Registrar of Voters		Name of Employer Town of Burlington			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 06302026a	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/27/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Wheeler		First Robert		MI	Contribution ID # 0333
Residential Street Address 11 Surf Rd		City Westport		State CT	Zip Code 06880
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/27/2026	Aggregate Contributions \$680.00	\$340.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Hulina		First Ed		MI	Contribution ID # 0334
Residential Street Address 148 Puritan Rd		City Fairfield		State CT	Zip Code 06824
Principal Occupation Visiting Professor		Name of Employer Fairfield University			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/27/2026	Aggregate Contributions \$250.00	\$250.00

Last Name Rapini		First Dominic		MI	Contribution ID # 0335
Residential Street Address 4 Mariners Way		City Branford		State CT	Zip Code 06405
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/27/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Berry		First Adam		MI	Contribution ID # 0336
Residential Street Address 80 Chesterfield Rd		City Amston		State CT	Zip Code 06231
Principal Occupation Engineer		Name of Employer R&D Dynamics Corporation			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # <u>06302026a</u>	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/28/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Berry		First Keith		MI	Contribution ID # 0337
Residential Street Address 80 Chesterfield Rd		City Amston		State CT	Zip Code
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # <u>06302026a</u>	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/28/2026	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Tooker		First Sterling		MI	Contribution ID # 0338
Residential Street Address 325 Cavan Ln		City Glastonbury		State CT	Zip Code 06033
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/28/2026	Aggregate Contributions \$500.00	\$250.00

Last Name Rogers		First Jeff		MI	Contribution ID # 0339
Residential Street Address 146 Forsyth Rd		City Oakdale		State CT	Zip Code 06370
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/28/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Gerrity		First Michael		MI	Contribution ID # 0340
Residential Street Address 229 Geraldin Dr		City Coventry		State CT	Zip Code
Principal Occupation Sr Estimator & Project Manager		Name of Employer Deming Electric			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/28/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Gerrity		First Carolyn		MI	Contribution ID # 0341
Residential Street Address 229 Geraldin Dr		City Coventry		State CT	Zip Code
Principal Occupation Business Manager		Name of Employer RTX Pratt Whitney			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/28/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Turner		First Mary Ann		MI	Contribution ID # 0342
Residential Street Address 7 Meadow Rd		City Enfield		State CT	Zip Code 06082
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # <u>06302026a</u>	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/28/2026	Aggregate Contributions \$200.00	\$100.00

Last Name Gonsor		First Lynn		MI	Contribution ID # 0343
Residential Street Address 3 Promised Rd		City Westport		State CT	Zip Code 06880
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/28/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Boucher		First Toni		MI	Contribution ID # 0344
Residential Street Address 5 Wicks End Ln		City Wilton		State CT	Zip Code 06897
Principal Occupation First Selectman		Name of Employer Town of Wilton			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Spheeris		First Apostolos		MI	Contribution ID # 0345
Residential Street Address 10 Sandhopper Trl		City Westport		State CT	Zip Code 06880
Principal Occupation Portfolio Manager		Name of Employer Sparta Technology Management			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$340.00	\$90.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Spheeris		First Karen		MI	Contribution ID # 0346
Residential Street Address 10 Sandhopper Trl		City Westport		State CT	Zip Code 06880
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Curtis		First Kara		MI	Contribution ID # 0347
Residential Street Address 3 Partrick Ln		City Westport		State CT	Zip Code 06880
Principal Occupation VP		Name of Employer Prosek Partners			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Chen		First Hong		MI	Contribution ID # 0348
Residential Street Address 22 Crawford Rd		City Westport		State CT	Zip Code 06880
Principal Occupation Teacher		Name of Employer Wesport Public School System			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Sklar		First Andi		MI	Contribution ID # 0349
Residential Street Address 173 Cross Hwy		City Westport		State CT	Zip Code 06880
Principal Occupation Homemaker		Name of Employer Homemaker			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$340.00	\$340.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Krenzer		First Sandra		MI	Contribution ID # 0350
Residential Street Address 5 Forest Dr		City Westport		State CT	Zip Code 06880
Principal Occupation Homemaker		Name of Employer Homemaker			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$250.00	\$250.00

Last Name Harrison		First Alexis		MI	Contribution ID # 0351
Residential Street Address 99 Welch Ter		City Fairfield		State CT	Zip Code 06824
Principal Occupation PR Executive		Name of Employer Outcast			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Mazzarella		First Thomas		MI	Contribution ID # 0352
Residential Street Address 600 Wolcott Hill Rd		City Wethersfield		State CT	Zip Code 06109
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$100.00	\$100.00

Last Name DeFilippo		First Gary		MI	Contribution ID # 0353
Residential Street Address 43 Perch Rd		City Shelton		State CT	Zip Code 06484
Principal Occupation Real Estate		Name of Employer GJD Development LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Lounsbury		First Amy		MI	Contribution ID # 0354
Residential Street Address 47 Noahs Way		City Baltic		State CT	Zip Code 06330
Principal Occupation Branch Manager		Name of Employer CSE Credit Union			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # <u>06302026a</u>	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Johnon		First Michael		MI	Contribution ID # 0355
Residential Street Address 17 Melrose Ave		City Norwalk		State CT	Zip Code 06885
Principal Occupation Self Employed		Name of Employer Maximillian Leander Corp			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$150.00	\$50.00

Last Name Debicella		First Dan		MI	Contribution ID # 0356
Residential Street Address 279 North St		City Ridgefield		State CT	Zip Code 06877
Principal Occupation Executive		Name of Employer Novolex			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Nealon		First Kathleen		MI	Contribution ID # 0357
Residential Street Address 40 Fullin Rd		City Westport		State CT	Zip Code 06851
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Mocarski		First Cara		MI	Contribution ID # 0358
Residential Street Address 236 Deer Run		City Shelton		State CT	Zip Code 06484
Principal Occupation National Trainer		Name of Employer Welcome Wagon			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Pardon		First Doug		MI	Contribution ID # 0359
Residential Street Address 26 Manitou Rd		City Westport		State CT	Zip Code 06880
Principal Occupation Chief Investment Officer		Name of Employer Brigade 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	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Umbarger		First Lynn		MI	Contribution ID # 0360
Residential Street Address 124 Candlewood Mountain Rd		City New Milford		State CT	Zip Code 06776
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Zagrodzky		First Jon		MI	Contribution ID # 0361
Residential Street Address 30 Crimmins Rd		City Darien		State CT	Zip Code 06820
Principal Occupation First Selectman		Name of Employer Town of Darien			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Aron		First Brad		MI	Contribution ID # 0362
Residential Street Address 211 Weston Rd		City Westport		State CT	Zip Code 06880
Principal Occupation Lawyer		Name of Employer Brad M. Aron, Attorney at Law			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$200.00	\$200.00

Last Name Guidone		First Jason		MI	Contribution ID # 0363
Residential Street Address 94 Cone Rd		City Hebron		State CT	Zip Code 06248
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # <u>06302026a</u>	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Cochran Dougall		First Lori		MI	Contribution ID # 0364
Residential Street Address 550 Morehouse Rd		City Easton		State CT	Zip Code 06612
Principal Occupation Executive Director		Name of Employer Westport Farmers Market			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$250.00	\$250.00

Last Name Nevin		First John		MI	Contribution ID # 0365
Residential Street Address 101 Clapboard Hill Rd		City Westport		State CT	Zip Code 06880
Principal Occupation Managing Partner		Name of Employer Ayrshire Capital Management LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$340.00	\$340.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Catania		First Charles		MI	Contribution ID # 0366
Residential Street Address 20 Dailey Cir		City Vernon		State CT	Zip Code 06066
Principal Occupation Principal		Name of Employer Bending with Chuck			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # <u>06302026a</u>	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Toeplitz		First Chrissy		MI	Contribution ID # 0367
Residential Street Address 4 Guard Hill Rd		City Westport		State CT	Zip Code 06880
Principal Occupation Travel Coordinator		Name of Employer The Crafted Travel			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Santoro		First Fred		MI	Contribution ID # 0368
Residential Street Address 11 Rose Ln		City East Lyme		State CT	Zip Code 06333
Principal Occupation Physician		Name of Employer Fred Santoro			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # <u>06302026a</u>	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Eiler		First Joanne		MI	Contribution ID # 0369
Residential Street Address 36 Bunny Ln		City Brooklyn		State CT	Zip Code 06234
Principal Occupation Medical claims specialist		Name of Employer JR Eiler			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # <u>06302026a</u>	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$75.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Sheehan		First Maura		MI	Contribution ID # 0370
Residential Street Address 51 Neck Rd		City Madison		State CT	Zip Code 06443
Principal Occupation Associate Director		Name of Employer Accenture			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Aledia		First Edward		MI	Contribution ID # 0371
Residential Street Address 41 Bloomingdale Raod		City Quaker Hill		State CT	Zip Code 06375
Principal Occupation Political Director		Name of Employer Fazio for Connecticut			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 06302026a	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Murphy		First Karen		MI	Contribution ID # 0372
Residential Street Address 5 April Dr		City Westport		State CT	Zip Code 06880
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Moynihan		First Miriam		MI	Contribution ID # 0373
Residential Street Address 330 Elm St Apt 6		City New Canaan		State CT	Zip Code 06840
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Zagrodzky		First Sara		MI	Contribution ID # 0374
Residential Street Address 30 Crimmins Rd		City Darien		State CT	Zip Code 06820
Principal Occupation Homemaker		Name of Employer Homemaker			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Pardon		First Elizabeth		MI	Contribution ID # 0375
Residential Street Address 26 Manitou Rd		City Westport		State CT	Zip Code 06880
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Fitzsimmons		First Denise		MI C	Contribution ID # 0376
Residential Street Address 58 Prospect St Apt A		City Moosup		State CT	Zip Code 06354
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # <u>06302026a</u>	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Clewell		First Conrad		MI S	Contribution ID # 0377
Residential Street Address 140 Forsyth Rd		City Salem		State CT	Zip Code 06420
Principal Occupation Digital Personal Shopper		Name of Employer Walmart			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # <u>06302026a</u>	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$20.00	\$20.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Volberg		First Walter		MI A	Contribution ID # 0378
Residential Street Address 69 Beckwith Hill Dr		City Salem		State CT	Zip Code 06420
Principal Occupation Scientist		Name of Employer Spectrix Analytical services			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 06302026a	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Bonanno		First Thomas		MI M	Contribution ID # 0379
Residential Street Address 118 Central Ave		City Norwich		State CT	Zip Code 06360
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 06302026a	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Somers		First Heather		MI 	Contribution ID # 0380
Residential Street Address 218 N Water St		City Stonington		State CT	Zip Code 06378
Principal Occupation State Senator		Name of Employer State of CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 06302026a	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Gauthier		First Norman		MI J	Contribution ID # 0381
Residential Street Address 105 Cranberry Pont Rd		City Norwich		State CT	Zip Code 06360
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 06302026a	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Dauphinais		First Anne		MI	Contribution ID # 0382
Residential Street Address 204 Wright Rd		City Danielson		State CT	Zip Code 06239
Principal Occupation State Legislator			Name of Employer State of CT		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$100.00
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # <u>06302026a</u>		Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/30/2026	
				Aggregate Contributions \$100.00	

Last Name Smith		First Vernon		MI S	Contribution ID # 0383
Residential Street Address 169 Norwich Rd		City Salem		State CT	Zip Code 06420
Principal Occupation Owner/Manufacturer			Name of Employer Vernon Smith Frame & Mirror		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches 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 # <u>06302026a</u>		Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/30/2026	
				Aggregate Contributions \$50.00	

Last Name Smith		First Bopha		MI S	Contribution ID # 0384
Residential Street Address 169 Norwich Rd		City Salem		State CT	Zip Code 06420
Principal Occupation Photographer			Name of Employer Rebecca Rose Fine Portraits		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches 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 # <u>06302026a</u>		Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/30/2026	
				Aggregate Contributions \$50.00	

Total of Section B				\$38,435.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Total on Line 14, Column A of Summary Page)				\$38,435.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					TYPE OF REPORT	
Jen Tooker for Comptroller					July 10 Filing - Original	
C1. Contributions from Other Committees						
Name of Committee				Name of Treasurer		
Address			Is this contribution associated with an event reported in Section J1?		Yes	No
			If yes, list Event #		Amount of Contribution	
City	State	Zip Code	Date Received	Aggregate Contributions		
Total of Section C1						

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE					TYPE OF REPORT	
Jen Tooker for Comptroller					July 10 Filing - Original	
C2. Reimbursements or Surplus Distributions from other Committees						
Name of Committee				Name of Treasurer		
Address				Date Received		Amount of Receipt
City	State	Zip Code	Payment Type			
			Reimbursement for shared expense			
			Surplus distribution from exploratory committee			
Expenditure #	Description					
Total of Section C2						

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Jen Tooker for Comptroller	July 10 Filing - Original

D. Loans Received this Period

Name of Lender		Source of Loan:				Date of Receipt	
		Bank	Candidate	Individual	Other		
Street Address		City		State	Zip Code	Is there a cosigner or Guarantor of this loan?	
						Yes No	
Name of Cosigner/Guarantor (if applicable)						Amount Received	
Street Address		City		Stat	Zip Code		
Total of Section D							

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Jen Tooker for Comptroller	July 10 Filing - Original

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

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

I. Monetary Receipts (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Jen Tooker for Comptroller	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	
Jen Tooker for Comptroller		July 10 Filing - Original	
H. Public Grant Funds Received from the Citizens' Election Fund			
Purpose of Grant:	Grant Cycle:	Date Received	Amount
Initial Grant Adjustment Supplemental/Post Election Deficit	Primary General Election Special Election		
Total of Section H			

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE		TYPE OF REPORT		
Jen Tooker for Comptroller		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	
Jen Tooker for Comptroller				July 10 Filing - Original	
J1. Event Information					
Event # Date of Event 06/03/2026		Letter a		Description Meet and Greet Event	
				Was this a fundraising event? ☒ Yes ☐ No	
Location: Street Address 73 Clapboard Hill Rd				City Westport	State CT
				Zip Code 06880	
Was this event hosted at a personal residence?				☒ Yes ☐ No	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?				☐ Yes ☒ No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?				☐ Yes ☒ No	(If yes, enter Total Receipts here.) \$0.00

Event # Date of Event 06/17/2026		Letter a		Description Dinner Event	
				Was this a fundraising event? ☒ Yes ☐ No	
Location: Street Address 39 Adamec Rd				City Willington	State CT
				Zip Code 06279	
Was this event hosted at a personal residence?				☐ Yes ☒ No	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?				☐ Yes ☒ No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?				☐ Yes ☒ No	(If yes, enter Total Receipts here.) \$0.00

Event # Date of Event 06/22/2026		Letter a		Description Dinner Event	
				Was this a fundraising event? ☒ Yes ☐ No	
Location: Street Address 201 Food Terminal Plz				City New Haven	State CT
				Zip Code 06511	
Was this event hosted at a personal residence?				☐ Yes ☒ No	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?				☐ Yes ☒ No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?				☐ Yes ☒ No	(If yes, enter Total Receipts here.) \$0.00

II. EVENT ACTIVITY (Sections J1 - J4)

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

J1. Event Information

Event # Date of Event 06/25/2026	Letter a	Description Meet and Greet Event	Was this a fundraising event? ☒ Yes ☐ No
Location: Street Address 71 Arrowhead Way		City Darien	State CT
Zip Code 06820			
Was this event hosted at a personal residence? ☒ Yes ☐ No		if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.	
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100? ☐ Yes ☒ No		If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? ☐ Yes ☒ No		(If yes, enter Total Receipts here.) \$0.00	

Event # Date of Event 06/30/2026	Letter a	Description Dinner Event	Was this a fundraising event? ☒ Yes ☐ No
Location: Street Address 80 Broadway		City Norwich	State CT
Zip Code 06360			
Was this event hosted at a personal residence? ☐ Yes ☒ No		if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.	
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100? ☐ Yes ☒ No		If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? ☐ Yes ☒ No		(If yes, enter Total Receipts here.) \$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
Jen Tooker for Comptroller	July 10 Filing - Original
J3. In-Kind Donations Not Considered Contributions	

Name of the Donor			
Street Address		City	State Zip Code
Donation Given by:	Description of Donation		Fair Market Value of Donation
Individual			
Business Entity	Date Received	Event #	
Sole Proprietorship	Aggregate value for this event		

Total of Section J3**II.EVENT ACTIVITY (Sections J1 - J4)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Jen Tooker for Comptroller	July 10 Filing - Original
J4. In-Kind Donations Not Considered Contributions Associated with a House Party	

Name of Host		Is this event supporting more than one candidate?	
		Yes No	If yes, complete Itemization in Addendum J4
Street Address		City	State Zip Code
Description of Donation			Fair Market Value of Donation
Event #	Aggregate value of this Event - all hosts	Aggregate value of all Events - this host/candidate	

Total of Section J4

III. NONMONETARY RECEIPTS (Sections K - L)

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

TYPE OF REPORT

Jen Tooker for Comptroller

July 10 Filing - Original

K. In-Kind Contributions

Name

Street Address

City

State

Zip Code

Is this contribution associated with an event reported in Section J1?

Yes

No

Description of In-Kind Contribution

If yes, list Event#

Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?

Yes

No

Is contributor a principal of a state contractor or prospective state contractor?

Yes

No

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

Executive

Legislative

Fair Market Value of this Contribution

Type of Contributor:

Individual

Committee

Sole Proprietorship

Date Received

Aggregate contributions

Total of Section K**III. Non Monetary Receipts (Sections K - L)**

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

TYPE OF REPORT

Jen Tooker for Comptroller

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
Jen Tooker for Comptroller	July 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee Anedot		Date of Payment 04/01/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St # 1770		City New Orleans		State LA
Zip Code 70112				
Purpose of Expendit OVHD	Description Credit Card Transaction Fee			Amount \$4.30
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 Anedot		Date of Payment 04/02/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St # 1770		City New Orleans		State LA
Zip Code 70112				
Purpose of Expendit OVHD	Description Credit Card Transaction Fee			Amount \$7.60
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 Anedot		Date of Payment 04/03/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St # 1770		City New Orleans		State LA
Zip Code 70112				
Purpose of Expendit OVHD	Description Credit Card Transaction Fee			Amount \$6.30
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
Jen Tooker for Comptroller	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Anedot		Date of Payment 04/07/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St # 1770		City New Orleans		State LA
Zip Code 70112				
Purpose of Expendit OVHD	Description Credit Card Transaction Fee			Amount \$4.30
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 Anedot		Date of Payment 04/08/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St # 1770		City New Orleans		State LA
Zip Code 70112				
Purpose of Expendit OVHD	Description Credit Card Transaction Fee			Amount \$2.30
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 Dominioni, Henry		Date of Payment 04/08/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1234 Prospect Ave		City Hartford		State CT
Zip Code 06105				
Purpose of Expendit REF	Description Refund			Amount \$250.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Jen Tooker for Comptroller	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Anedot		Date of Payment 04/09/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St # 1770		City New Orleans		State LA
Zip Code 70112				
Purpose of Expendit OVHD	Description Credit Card Transaction Fee			Amount \$6.60
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 Anedot		Date of Payment 04/12/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St # 1770		City New Orleans		State LA
Zip Code 70112				
Purpose of Expendit OVHD	Description Credit Card Transaction Fee			Amount \$2.30
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 Anedot		Date of Payment 04/16/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St # 1770		City New Orleans		State LA
Zip Code 70112				
Purpose of Expendit OVHD	Description Credit Card Transaction Fee			Amount \$4.60
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
Jen Tooker for Comptroller	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Anedot		Date of Payment 04/17/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St # 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expendit OVHD	Description Credit Card Transaction Fee			Amount \$29.70
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 Bhardwaj, Ashutosh		Date of Payment 04/19/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 18 Twin Circle Dr		City Westport	State CT	Zip Code 06880
Purpose of Expendit REF	Description Refund			Amount \$240.00
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 Anedot		Date of Payment 04/20/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St # 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expendit OVHD	Description Credit Card Transaction Fee			Amount \$4.60
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
Jen Tooker for Comptroller	July 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee CT Republican Party State		Date of Payment 04/20/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 98 Washington St Ste 203		City Middletown	State CT	Zip Code 06457
Purpose of Expendit FNDR *	Description Convention Event			Amount \$250.00
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 Anedot		Date of Payment 04/21/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St # 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expendit OVHD	Description Credit Card Transaction Fee			Amount \$1.30
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 Anedot		Date of Payment 04/23/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St # 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expendit OVHD	Description Credit Card Transaction Fee			Amount \$11.60
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
Jen Tooker for Comptroller	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Anedot		Date of Payment 04/24/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St # 1770		City New Orleans		State LA
Zip Code 70112				
Purpose of Expendit OVHD	Description Credit Card Transaction Fee			Amount \$4.30
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 Anedot		Date of Payment 04/25/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St # 1770		City New Orleans		State LA
Zip Code 70112				
Purpose of Expendit OVHD	Description Credit Card Transaction Fee			Amount \$2.30
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 Anedot		Date of Payment 04/27/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St # 1770		City New Orleans		State LA
Zip Code 70112				
Purpose of Expendit OVHD	Description Credit Card Transaction Fee			Amount \$0.50
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
Jen Tooker for Comptroller	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Anedot		Date of Payment 04/28/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St # 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expendit OVHD	Description Credit Card Transaction Fee			Amount \$1.30
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 Anedot		Date of Payment 04/29/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St # 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expendit OVHD	Description Credit Card Transaction Fee			Amount \$13.90
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 Anedot		Date of Payment 04/30/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St # 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expendit OVHD	Description Credit Card Transaction Fee			Amount \$44.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Jen Tooker for Comptroller	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Anedot		Date of Payment 05/01/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St # 1770		City New Orleans		State LA
Zip Code 70112				
Purpose of Expendit OVHD	Description Credit Card Transaction Fee			Amount \$10.60
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 Anedot		Date of Payment 05/03/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St # 1770		City New Orleans		State LA
Zip Code 70112				
Purpose of Expendit OVHD	Description Credit Card Transaction Fee			Amount \$13.90
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 Anedot		Date of Payment 05/04/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St # 1770		City New Orleans		State LA
Zip Code 70112				
Purpose of Expendit OVHD	Description Credit Card Transaction Fee			Amount \$13.90
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
Jen Tooker for Comptroller	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Anedot		Date of Payment 05/06/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St # 1770		City New Orleans		State LA
Zip Code 70112				
Purpose of Expendit OVHD	Description Credit Card Transaction Fee			Amount \$5.90
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 Anedot		Date of Payment 05/07/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St # 1770		City New Orleans		State LA
Zip Code 70112				
Purpose of Expendit OVHD	Description Credit Card Transaction Fee			Amount \$15.20
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 Anedot		Date of Payment 05/08/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St # 1770		City New Orleans		State LA
Zip Code 70112				
Purpose of Expendit OVHD	Description Credit Card Transaction Fee			Amount \$13.90
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
Jen Tooker for Comptroller	July 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee Buttonsonline.com		Date of Payment 05/08/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT
Street Address 3906 W Morrow Dr	City Glendale	State AZ	Zip Code 85308
Purpose of Expendit PRNT	Description Printing		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event # \$329.46

Name of Payee Anedot		Date of Payment 05/11/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 1340 Poydras St # 1770	City New Orleans	State LA	Zip Code 70112
Purpose of Expendit OVHD	Description Credit Card Transaction Fee		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event # \$1.30

Name of Payee Anedot		Date of Payment 05/13/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 1340 Poydras St # 1770	City New Orleans	State LA	Zip Code 70112
Purpose of Expendit OVHD	Description Credit Card Transaction Fee		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event # \$2.30

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Jen Tooker for Comptroller	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Universal Printing & Mailing Services, Inc.		Date of Payment 05/15/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 75 Ardmore St		City Fairfield	State CT	Zip Code 06824
Purpose of Expendit PRNT	Description Printing			Amount \$3,477.35
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 Anedot		Date of Payment 05/19/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St # 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expendit OVHD	Description Credit Card Transaction Fee			Amount \$7.90
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 Anedot		Date of Payment 05/27/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St # 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expendit OVHD	Description Credit Card Transaction Fee			Amount \$6.30
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
Jen Tooker for Comptroller	July 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee Anedot		Date of Payment 05/28/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St # 1770		City New Orleans		State LA
Zip Code 70112				
Purpose of Expendit OVHD	Description Credit Card Transaction Fee			Amount \$10.30
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 Camche, Jamie		Date of Payment 05/28/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 5 Pebble Beach Ln		City Westport		State CT
Zip Code 06880				
Purpose of Expendit REF	Description Refund			Amount \$60.00
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 Anedot		Date of Payment 05/30/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St # 1770		City New Orleans		State LA
Zip Code 70112				
Purpose of Expendit OVHD	Description Credit Card Transaction Fee			Amount \$18.60
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
Jen Tooker for Comptroller	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Anedot		Date of Payment 05/31/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St # 1770		City New Orleans		State LA
Zip Code 70112				
Purpose of Expendit OVHD	Description Credit Card Transaction Fee			Amount \$22.90
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 Anedot		Date of Payment 06/01/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St # 1770		City New Orleans		State LA
Zip Code 70112				
Purpose of Expendit OVHD	Description Credit Card Transaction Fee			Amount \$63.70
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 Anedot		Date of Payment 06/02/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St # 1770		City New Orleans		State LA
Zip Code 70112				
Purpose of Expendit OVHD	Description Credit Card Transaction Fee			Amount \$53.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee Anedot		Date of Payment 06/03/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St # 1770		City New Orleans		State LA
Zip Code 70112				
Purpose of Expendit OVHD	Description Credit Card Transaction Fee			Amount \$42.70
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 Anedot		Date of Payment 06/05/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St # 1770		City New Orleans		State LA
Zip Code 70112				
Purpose of Expendit OVHD	Description Credit Card Transaction Fee			Amount \$9.20
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 Anedot		Date of Payment 06/07/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St # 1770		City New Orleans		State LA
Zip Code 70112				
Purpose of Expendit OVHD	Description Credit Card Transaction Fee			Amount \$13.90
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
Jen Tooker for Comptroller	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Anedot		Date of Payment 06/09/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St # 1770		City New Orleans		State LA
Zip Code 70112				
Purpose of Expendit OVHD	Description Credit Card Transaction Fee			Amount \$27.80
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 Anedot		Date of Payment 06/10/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St # 1770		City New Orleans		State LA
Zip Code 70112				
Purpose of Expendit OVHD	Description Credit Card Transaction Fee			Amount \$4.60
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 Anedot		Date of Payment 06/11/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St # 1770		City New Orleans		State LA
Zip Code 70112				
Purpose of Expendit OVHD	Description Credit Card Transaction Fee			Amount \$7.80
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
Jen Tooker for Comptroller	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Anedot		Date of Payment 06/12/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St # 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expendit OVHD	Description Credit Card Transaction Fee			Amount \$22.50
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 Anedot		Date of Payment 06/13/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St # 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expendit OVHD	Description Credit Card Transaction Fee			Amount \$1.30
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 Anedot		Date of Payment 06/14/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St # 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expendit OVHD	Description Credit Card Transaction Fee			Amount \$57.90
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
Jen Tooker for Comptroller	July 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee Anedot		Date of Payment 06/15/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St # 1770		City New Orleans		State LA
Zip Code 70112				
Purpose of Expendit OVHD	Description Credit Card Transaction Fee			Amount \$56.30
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 Anedot		Date of Payment 06/16/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St # 1770		City New Orleans		State LA
Zip Code 70112				
Purpose of Expendit OVHD	Description Credit Card Transaction Fee			Amount \$88.30
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 Anedot		Date of Payment 06/17/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St # 1770		City New Orleans		State LA
Zip Code 70112				
Purpose of Expendit OVHD	Description Credit Card Transaction Fee			Amount \$103.60
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
Jen Tooker for Comptroller	July 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee Anedot		Date of Payment 06/18/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St # 1770		City New Orleans		State LA
Zip Code 70112				
Purpose of Expendit OVHD	Description Credit Card Transaction Fee			Amount \$20.10
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 Anedot		Date of Payment 06/19/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St # 1770		City New Orleans		State LA
Zip Code 70112				
Purpose of Expendit OVHD	Description Credit Card Transaction Fee			Amount \$14.60
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 Anedot		Date of Payment 06/20/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St # 1770		City New Orleans		State LA
Zip Code 70112				
Purpose of Expendit OVHD	Description Credit Card Transaction Fee			Amount \$26.90
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
Jen Tooker for Comptroller	July 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee Anedot		Date of Payment 06/21/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St # 1770		City New Orleans		State LA
Zip Code 70112				
Purpose of Expendit OVHD	Description Credit Card Transaction Fee			Amount \$9.90
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 Anedot		Date of Payment 06/22/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St # 1770		City New Orleans		State LA
Zip Code 70112				
Purpose of Expendit OVHD	Description Credit Card Transaction Fee			Amount \$38.60
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 Anedot		Date of Payment 06/23/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St # 1770		City New Orleans		State LA
Zip Code 70112				
Purpose of Expendit OVHD	Description Credit Card Transaction Fee			Amount \$54.20
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
Jen Tooker for Comptroller	July 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee Anedot		Date of Payment 06/24/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St # 1770		City New Orleans		State LA
Zip Code 70112				
Purpose of Expendit OVHD	Description Credit Card Transaction Fee			Amount \$34.60
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 Anedot		Date of Payment 06/25/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St # 1770		City New Orleans		State LA
Zip Code 70112				
Purpose of Expendit OVHD	Description Credit Card Transaction Fee			Amount \$50.30
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 Anedot		Date of Payment 06/26/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St # 1770		City New Orleans		State LA
Zip Code 70112				
Purpose of Expendit OVHD	Description Credit Card Transaction Fee			Amount \$10.30
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
Jen Tooker for Comptroller	July 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee Anedot		Date of Payment 06/26/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St # 1770		City New Orleans		State LA
Zip Code 70112				
Purpose of Expendit OVHD	Description Credit Card Transaction Fee			Amount \$2.30
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 Anedot		Date of Payment 06/26/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St # 1770		City New Orleans		State LA
Zip Code 70112				
Purpose of Expendit OVHD	Description Credit Card Transaction Fee			Amount \$13.90
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 Anedot		Date of Payment 06/26/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St # 1770		City New Orleans		State LA
Zip Code 70112				
Purpose of Expendit OVHD	Description Credit Card Transaction Fee			Amount \$1.30
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
Jen Tooker for Comptroller	July 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee Anedot		Date of Payment 06/26/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St # 1770		City New Orleans		State LA
Zip Code 70112				
Purpose of Expendit OVHD	Description Credit Card Transaction Fee			Amount \$2.30
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 Anedot		Date of Payment 06/26/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St # 1770		City New Orleans		State LA
Zip Code 70112				
Purpose of Expendit OVHD	Description Credit Card Transaction Fee			Amount \$1.30
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 Anedot		Date of Payment 06/26/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St # 1770		City New Orleans		State LA
Zip Code 70112				
Purpose of Expendit OVHD	Description Credit Card Transaction Fee			Amount \$37.10
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
Jen Tooker for Comptroller	July 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee Capitol Promotions Inc.		Date of Payment 06/26/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address PO Box 231		City Glenside	State PA	Zip Code 19038
Purpose of Expendit A-SIGN	Description Yard Signs			Amount \$2,424.00
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 Anedot		Date of Payment 06/27/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St # 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expendit OVHD	Description Credit Card Transaction Fee			Amount \$77.10
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 Anedot		Date of Payment 06/28/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St # 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expendit OVHD	Description Credit Card Transaction Fee			Amount \$40.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee Anedot		Date of Payment 06/29/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St # 1770		City New Orleans		State LA
Zip Code 70112				
Purpose of Expendit OVHD	Description Credit Card Transaction Fee			Amount \$65.80
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 Tooker, Sterling		Date of Payment 06/29/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 325 Cavan Ln		City Glastonbury		State CT
Zip Code 06033				
Purpose of Expendit REF	Description Refund			Amount \$160.00
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 Anedot		Date of Payment 06/30/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St # 1770		City New Orleans		State LA
Zip Code 70112				
Purpose of Expendit OVHD	Description Credit Card Transaction Fee			Amount \$147.20
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
Jen Tooker for Comptroller	July 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee Slade, Gadi		Date of Payment 06/30/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 48 Owenoke Park		City Westport	State CT	Zip Code 06880
Purpose of Expendit REF	Description Refund			Amount \$110.00
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 Violette, Steven		Date of Payment 06/30/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 121 North Ave		City Westport	State CT	Zip Code 06880
Purpose of Expendit REF	Description Refund			Amount \$110.00
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 Harris, William		Date of Payment 06/30/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 2169 Alworth Ter		City Wellington	State FL	Zip Code 33414
Purpose of Expendit REF	Description Refund			Amount \$340.00
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 #	

Total of Section N**\$9,246.01**

IV. EXPENDITURES (Sections N - S)

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

IV. EXPENDITURES (Sections N - S)

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

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

Name of Creditor Foxhound Advisors			Date Incurred 04/01/2026	
Street Address 36 Earley Ct		City Bethany		State CT Zip Code 06524
Purpose of Expenditure (by code) CNSLT	Description Consulting & Expense Reimbursement			Amount Incurred (Estimate or Actual) \$12,718.56
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No		Expenditure # (if applicable)	Event #	
If yes, assign an Expenditure # and completes Itemization in Addendum Q				

Name of Creditor Foxhound Advisors			Date Incurred 04/01/2026	
Street Address 36 Earley Ct		City Bethany		State CT Zip Code 06524
Purpose of Expenditure (by code) CNSLT	Description Consulting & Expense Reimbursement			Amount Incurred (Estimate or Actual) \$10,120.93
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No		Expenditure # (if applicable)	Event #	
If yes, assign an Expenditure # and completes Itemization in Addendum Q				

IV. EXPENDITURES (Sections N - S)	
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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)

TYPE OF REPORT

Jen Tooker for Comptroller

July 10 Filing - Original

Q. Expenses Incurred By Committee but Not Paid During this Period	
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Name of Creditor	
Concentric Office, LLC	

Date Incurred	04/27/2026
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State	Zip Code
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Street Address
PO Box 2485

City
Springfield

State
VA

Zip Code
22152

Purpose of Expenditure (by code)	
CNSLT	

Description
Compliance Services

with another candidate for which	☐	Yes	Expenditure # (if applicable)	Event #
and completes Itemization in Addendum Q	☒	No		

Amount Incurred (Estimate or Actual)	\$3,579.80
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Is this expenditure coordinated with another candidate for which reimbursement is sought?	☐ Yes
	☒ No
If yes, assign an Expenditure # and completes Itemization in Addendum Q	

Expenditure #
(if applicable)

Event #

Date Incurred

Name of Creditor	
Foxhound Advisors	

Date Incurred	05/01/2026
---------------	------------

State	Zip Code
-------	----------

Street Address
36 Earley Ct

City	
Bethany	

State
CT

Zip Code
06524

Purpose of Expenditure
(by code)

CNSLT

Description
Consulting & Expense Reimbursement

with another candidate for which	☐ Yes	Expenditure # (if applicable)	Event #
and completes Itemization in Addendum Q	☒ No		

	Amount Incurred (Estimate or Actual)
	\$9,652.72

Is this expenditure coordinated with another candidate for which reimbursement is sought?	☐ Yes
	☒ No
If yes, assign an Expenditure # and completes Itemization in Addendum Q	

Expenditure #
(if applicable)

Event #

IV. EXPENDITURES (Sections N - S)	
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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)

TYPE OF REPORT

Jen Tooker for Comptroller

July 10 Filing - Original

Q. Expenses Incurred By Committee but Not Paid During this Period	
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Name of Creditor	
Foxhound Advisors	

Street Address	City
36 Earley Ct	Bethany

Date Incurred	05/28/2026
---------------	------------

State	Zip Code
CT	06524

36 Earley Ct

Bethany

CT

06524

Purpose of Expenditure
(by code)

CNSLT

Description
Consulting & Expense Reimbursement

Category	Amount
Consulting & Expense Reimbursement	

Amount Incurred
(Estimate or Actual)

Is this expenditure coordinated with another candidate for which reimbursement is sought?

If yes, assign an Expenditure # and completes Itemization in Addendum Q

☐ Yes

☒ No

☒ No

Expenditure #
(if applicable)

Event #

	\$9,606.62
--	------------

Name of Creditor	
Jen Tooker	

Street Address	City
56 Sylvan Rd N	Westport

Date Incurred	06/17/2026
---------------	------------

State	Zip Code
CT	06880

56 Sylvan Rd N

City
Westport

CT

06880

Purpose of Expenditure
(by code)

FNDR *

Description
Food/Beverage

Category	Item	Price	Quantity	Total
Food/Beverage	...	...	...	...
	...	...	...	...
	...	...	...	...
	...	...	...	...

Amount Incurred
(Estimate or Actual)

Is this expenditure coordinated with another candidate for which reimbursement is sought?

If yes, assign an Expenditure # and completes Itemization in Addendum Q

☐ Yes

☒ No

☒ No

Expenditure #
(if applicable)

Event #

06172026a

06172026a

\$342.57

IV. EXPENDITURES (Sections N - S)

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

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

Name of Creditor Jen Tooker		Date Incurred 06/30/2026	
Street Address 56 Sylvan Rd N	City Westport	State CT	Zip Code 06880
Purpose of Expenditure (by code) FNDR *	Description Food/Beverage		Amount Incurred (Estimate or Actual) \$235.37
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and completes Itemization in Addendum Q		Expenditure # (if applicable) Event # 06302026a	

Total of Section Q**\$46,256.57**

IV. EXPENDITURES (Sections N - S)

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

TYPE OF REPORT

Jen Tooker for Comptroller

July 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant

First

MI

Date of Payment to Vendor

Payment to Reimburse Committee
Worker/Consultant as reported in
Section N:

Check #

Debit Card

EFT

Name of Vendor Paid by Committee Worker/Consultant

Street Address of Vendor

City

State

Zip Code

Purpose of Expenditure
(by code)

Description

Is this expenditure coordinated with another candidate for which
reimbursement is sought?

Yes

No

Expenditure #
(if applicable)

Event #

Amount

If yes, assign an Expenditure # and completes Itemization in Addendum R

Total of Section R**IV. EXPENDITURES (Sectuibs N - S)**

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

TYPE OF REPORT

Jen Tooker for Comptroller

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