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

Electronic Filing

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COVER PAGE

1.NAME OF COMMITTEE	2. TYPE OF COMMITTEE
Lumaj 2026	[x] Candidate Committee [ ] Exploratory Committee

3. TREASURER NAME

First	MI	Last	Suffix
Michele	**P**	**Gregorio**	

4. TREASURER ADDRESS

Street Address	City	State	Zip Code
4 Grove St Unit 23	**Moodus**	**CT**	**06469**

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

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

First	MI	Last	Suffix
Peter		**Lumaj**	

9. TYPE OF REPORT

July 10 Filing - Original

10. PERIOD COVERED

Beginning Date		Ending Date
06/03/2026	thru	**06/30/2026**

11. CERTIFICATION

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

Electronic Filing	**Michele Gregorio**	**07/06/2026 1:45:00PM**
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.

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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	
Lumaj 2026	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	**$12,792.03**	
14. Contributions received from Individuals (Section A and B)	**$0.00**	**$84,088.35**
15. Receipts from Other Committees (Sections C1 and C2)	**$0.00**	**$21,527.18**
16. Other Monetary Receipts (Section D through I)	**$1,125,326.84**	**$1,125,416.86**
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)	**$1,125,326.84**	**$1,231,032.39**
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	**$1,138,118.87**	**$1,231,032.39**
20. Expenses Paid by Committee (Section N)	**$40,182.68**	**$133,096.20**
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns)	**$1,097,936.19**	**$1,097,936.19**
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**	**$100.00**
24. In-Kind Contributions Received (Section K)	**$0.00**	**$0.00**
25. Refundable Deposit to Telephone Company (Section L)	**$0.00**	**$0.00**
26. Beginning Loan Balance	**$0.00**	
26a. + Loans Received (Section D)	**$0.00**	**$0.00**
26b. + Interest and Penalties on Loan(s)	**$0.00**	**$0.00**
26c. - Payments on Loan(s)	**$0.00**	**$0.00**
26d. Total Outstanding Loan Amount	**$0.00**	
27. Campaign Expenses Paid By Candidate (Section O)	**$0.00**	**$0.00**
28. Expenses Incurred on Committee Credit Card (Section P)	**$0.00**	**$0.00**
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	**$0.00**	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	**$0.00**	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lumaj 2026	July 10 Filing - Original

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #

Residential Street Address	City	State	Zip Code

Principal Occupation	Name of Employer

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

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

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

Amount of Contribution

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

If yes, list Event #

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

Date Received	Aggregate Contributions

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

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lumaj 2026	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
Lumaj 2026	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
Lumaj 2026	July 10 Filing - Original

D. Loans Received this Period

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

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Lumaj 2026	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
Lumaj 2026	July 10 Filing - Original

G. Interest from Deposits in Authorized Accounts

Name of Institution	Date Received	Amount
Street Address	City	State / Zip Code
	Total of Section G	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Lumaj 2026	July 10 Filing - Original

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

Purpose of Grant:	Grant Cycle:	Date Received	Amount
[x] Initial [ ] Grant Adjustment [ ] Supplemental/Post Election Deficit	[ ] Primary [x] General Election [ ] Special Election	06/29/2026	$1,125,326.84
	Total of Section H		**$1,125,326.84**

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Lumaj 2026	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
Lumaj 2026	July 10 Filing - Original

J1. Event Information

Event # / Date of Event / Letter	Description	Was this a fundraising event? Yes / No
Location: Street Address	City	State / Zip Code

Was this event hosted at a personal residence?	Yes / No	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any puchases made by host(s) for food, beverage and invitations.
Did this fundraiser include items donated by a business entity of up to $200 or items donated by an individual of up to $100?	Yes / No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to $100?	Yes / No	(If yes, enter Total Receipts here.)

Total of Section J1	

II.EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lumaj 2026	July 10 Filing - Original

J3. In-Kind Donations Not Considered Contributions

Name of the Donor			
Street Address	City	State	Zip Code

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

Total of Section J3	

II.EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lumaj 2026	July 10 Filing - Original

J4. In-Kind Donations Not Considered Contributions Associated with a House Party

Name of Host	Is this event supporting more than one candidate? Yes No If yes, complete Itemization in Addendum J4		
Street Address	City	State	Zip Code

Description of Donation			Fair Market Value of Donation
Event #	Aggregate value of this Event - all hosts	Aggregate value of all Events - this host/candidate	

Total of Section J4	

III. NONMONETARY RECEIPTS (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lumaj 2026	July 10 Filing - Original

K. In-Kind Contributions

Name

Street Address | City | State | Zip Code

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

If yes, list Event#

Description of In-Kind Contribution

Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes / No

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

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

Fair Market Value of this Contribution

Type of Contributor: Individual / Committee / Sole Proprietorship

Date Received

Aggregate contributions

Total of Section K

III. Non Monetary Receipts (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lumaj 2026	July 10 Filing - Original

L. Refundable Deposit to Telephone Company

Last Name of Individual | First Name | MI | Date Deposit Made

Residential Street Address | City | State | Zip Code | Amount of Deposit

Name of Telephone company

Street Address | City | State | Zip Code

Total of Section L

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lumaj 2026	July 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
CEP	06/05/2026	[X] Check # 201 [ ] Debit Card [ ] EFT

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

Purpose of Expendit	Description	Amount
CEF	Buffer	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$8,349.15

Name of Payee	Date of Payment	Method of Payment
STAPLES	06/05/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
49 Putnam Blvd	Glastonbury	CT	06033

Purpose of Expendit	Description	Amount
PRNT	Printing - Documents for CEP Grant Application	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$500.27

Name of Payee	Date of Payment	Method of Payment
Mailchimp	06/08/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
405 N Angier Ave NE	Atlanta	GA	30312

Purpose of Expendit	Description	Amount
OVHD	Monthly Mailing Charge	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$136.35

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lumaj 2026	July 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Cutting Edge Sign & Graphics	06/11/2026	[X] Check # 202 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
21 A Gramar Ave	Prospect	CT	06712

Purpose of Expendit	Description	Amount
PRNT	Printing - Misc Item	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$102.10

Name of Payee	Date of Payment	Method of Payment
William Evans, Jr	06/11/2026	[X] Check # 203 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
325 Celia Dr	Wolcott	CT	06705

Purpose of Expendit	Description	Amount
RMB	Reimbursement - Home Depot - Pole Driver	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$53.14

Name of Payee	Date of Payment	Method of Payment
Michele Gregorio	06/11/2026	[X] Check # 204 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
4 Grove St Unit 23	Moodus	CT	06469

Purpose of Expendit	Description	Amount
RMB	Reimbursement - Adobe - Acrobat Subscription	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$39.32

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lumaj 2026	July 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Michele Gregorio	06/14/2026	[X] Check # 205 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
4 Grove St Unit 23	Moodus	CT	06469

Purpose of Expendit	Description	Amount
TRVL	Mileage - Partial - June	$196.19

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
STAPLES	06/16/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
1371 Boston Post Rd	Milford	CT	06460

Purpose of Expendit	Description	Amount
OFFICE	Office Supplies	$146.19

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
USPS	06/16/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
35 Park Pl	Branford	CT	06405

Purpose of Expendit	Description	Amount
POST	Postage Stamps	$15.60

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lumaj 2026	July 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
CLOUDFLARE	06/23/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
101 Townsend St	San Francisco	CA	94107

Purpose of Expendit	Description	Amount
WEB	Website - Domain	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$11.12

Name of Payee	Date of Payment	Method of Payment
William Evans, Jr	06/29/2026	☒ Check # ☐ Debit Card ☐ EFT

Street Address	City	State	Zip Code
325 Celia Dr	Wolcott	CT	06705

Purpose of Expendit	Description	Amount
CNSLT	Consulting - Accts Pay Due - Jan	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$2,658.75

Name of Payee	Date of Payment	Method of Payment
William Evans, Jr	06/29/2026	☒ Check # ☐ Debit Card ☐ EFT

Street Address	City	State	Zip Code
325 Celia Dr	Wolcott	CT	06705

Purpose of Expendit	Description	Amount
CNSLT	Consulting - Accts Pay Due -Feb	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$2,658.75

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lumaj 2026	July 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
William Evans, Jr	06/29/2026	[X] Check # [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
325 Celia Dr	Wolcott	CT	06705

Purpose of Expendit	Description	Amount
CNSLT	Consulting - Accts Pay Due -Mar	$2,658.75

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
William Evans, Jr	06/29/2026	[X] Check # [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
325 Celia Dr	Wolcott	CT	06705

Purpose of Expendit	Description	Amount
CNSLT	Consulting - Accts Pay Due - Apr	$2,658.75

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Michele Gregorio	06/29/2026	[X] Check # 210 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
4 Grove St Unit 23	Moodus	CT	06469

Purpose of Expendit	Description	Amount
CNSLT	Consulting - Accts Pay Due - Jan	$1,063.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lumaj 2026	July 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Michele Gregorio	06/29/2026	[X] Check # 211 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
4 Grove St Unit 23	Moodus	CT	06469

Purpose of Expendit	Description	Amount
CNSLT	Consulting - Accts Pay Due -Feb	$1,063.00

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
Michele Gregorio	06/29/2026	[X] Check # 212 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
4 Grove St Unit 23	Moodus	CT	06469

Purpose of Expendit	Description	Amount
CNSLT	Consulting - Accts Pay Due -Mar	$1,063.00

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
Michele Gregorio	06/29/2026	[X] Check # 213 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
4 Grove St Unit 23	Moodus	CT	06469

Purpose of Expendit	Description	Amount
CNSLT	Consulting - Accts Pay Due - Apr	$1,063.00

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N		

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lumaj 2026	July 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
William Evans, Jr	06/29/2026	[X] Check # [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
325 Celia Dr	Wolcott	CT	06705

Purpose of Expendit	Description	Amount
CNSLT	Consulting - May - Partial Month	$3,567.87

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
Michele Gregorio	06/29/2026	[X] Check # 215 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
4 Grove St Unit 23	Moodus	CT	06469

Purpose of Expendit	Description	Amount
CNSLT	Consulting/Treasurer - May	$8,508.00

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
Red Maverick	06/29/2026	[X] Check # [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
8501 Mayland Dr Ste 105	Henrico	VA	23294

Purpose of Expendit	Description	Amount
CNSLT	Consulting - Media - May	$2,000.00

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N		

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lumaj 2026	July 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
The Peres Group	06/29/2026	[X] Check # [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
230 Hilton Ave Ste 19	Hempstead	NY	11550

Purpose of Expendit	Description	Amount
CNSLT	Consulting - Website - May	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$341.00

Name of Payee	Date of Payment	Method of Payment
Thea Alfes	06/29/2026	[X] Check # [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
302 South Rd	Harwinton	CT	06791

Purpose of Expendit	Description	Amount
CNSLT	Consulting/Dep Treasurer - May	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$1,329.38

Total of Section N	**$40,182.68**

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
Lumaj 2026	July 10 Filing - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution	Type of Credit Card: Visa Master Card Discover American Express Other

Name of Vendor	Date of Transaction

Street Address	City	State	Zip Code

Purpose of Expenditure (by code)	Description	Amount

Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No If yes, assign an Expenditure # and complete Itemization in Addendum P	Expenditure # (if applicable)	Event #

Total of Section P

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lumaj 2026	July 10 Filing - Original

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

Name of Creditor			Date Incurred	
Street Address	City		State	Zip Code
Purpose of Expenditure (by code)	Description		Amount Incurred (Estimate or Actual)	
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes / No If yes, assign an Expenditure # and completes Itemization in Addendum Q		Expenditure # (if applicable)	Event #	

Total of Section Q	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lumaj 2026	July 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Evans	William	Jr	06/11/2026	[X] Check # 203 [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: Home Depot

Street Address of Vendor	City	State	Zip Code
575 Bank St	Waterbury	CT	06708

Purpose of Expenditure (by code)	Description
OVHD	Pole Driver for Signs

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and completes Itemization in Addendum R			$53.14

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Gregorio	Michele		06/11/2026	[X] Check # 204 [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: Adobe

Street Address of Vendor	City	State	Zip Code
345 Park Ave	San Jose	CA	95110

Purpose of Expenditure (by code)	Description
OVHD	Acrobat Monthly Subscription

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and completes Itemization in Addendum R			$39.32

Total of Section R	**$92.46**

IV. EXPENDITURES (Sectuibs N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lumaj 2026	July 10 Filing - Original

S. Surplus Distribution of Equipment and Furniture

Name of Recipient				
Street Address	City	State	Zip Code	Original Purchase Amount of Item
Description of Item				
			Total of Section S	

Section J4. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT

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