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
Laroche4CT	[x] Candidate Committee [ ] Exploratory Committee

3. TREASURER NAME

First	MI	Last	Suffix
Loretta	**J**	**Chory**	

4. TREASURER ADDRESS

Street Address	City	State	Zip Code
18 Brookside Ct	**Newtown**	**CT**	**06470**

5. ELECTION DATE	6. OFFICE SOUGHT *(Complete only if Candidate Committee)*	7. DISTRICT NUMBER *(if applicable)*
11/03/2026	**State Senator**	**S028**

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

First	MI	Last	Suffix
Amybeth		**Laroche**	

9. TYPE OF REPORT

July 10 Filing - Amendment

10. PERIOD COVERED

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

11. CERTIFICATION

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

Electronic Filing	**Loretta Chory**	**07/06/2026 12:39:02PM**
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	
Laroche4CT	July 10 Filing - Amendment	
	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	**$7,352.73**	
14. Contributions received from Individuals (Section A and B)	**$10,743.00**	**$20,846.00**
15. Receipts from Other Committees (Sections C1 and C2)	**$0.00**	**$0.00**
16. Other Monetary Receipts (Section D through I)	**$4.22**	**$5.47**
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)	**$10,747.22**	**$20,851.47**
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	**$18,099.95**	**$20,851.47**
20. Expenses Paid by Committee (Section N)	**$5,430.42**	**$8,181.94**
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns)	**$12,669.53**	**$12,669.53**
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**	**$50.00**
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)	**$420.23**	**$1,349.70**
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
Laroche4CT	July 10 Filing - Amendment

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Arancio	Debra		0191

Residential Street Address	City	State	Zip Code
61 Pepperidge Cir	Fairfield	CT	06824

Principal Occupation	Name of Employer
	Willis Towers Watson

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

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

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

Amount of Contribution: $20.00

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

If yes, list Event #

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

Date Received: 04/01/2026

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
Arancio	Olivia	L	0190

Residential Street Address	City	State	Zip Code
61 Pepperidge Cir	Fairfield	CT	06824

Principal Occupation	Name of Employer
paid search advertising	WPPMedia

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

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

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

Amount of Contribution: $15.00

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

If yes, list Event #

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

Date Received: 04/01/2026

Aggregate Contributions: $15.00

Last Name	First	MI	Contribution ID #
Arancio	Bianca	R	0189

Residential Street Address	City	State	Zip Code
61 Pepperidge Cir	Fairfield	CT	06824

Principal Occupation	Name of Employer
	The Cookware 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: $5.00

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

If yes, list Event #

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

Date Received: 04/01/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Laroche4CT

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Leclerc	Matthew		0349

Residential Street Address	City	State	Zip Code
31 Pilgrim Ln	Fairfield	CT	06824

Principal Occupation	Name of Employer
VP of Operations	RWS 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: $25.00

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

If yes, list Event #:

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

Date Received: 04/01/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Keayes	Margaret		0339

Residential Street Address	City	State	Zip Code
29 Maltbie Rd	Newtown	CT	06470

Principal Occupation	Name of Employer
Book keeper	Keayes Landscaping

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 04/01/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Hudak	Kylie		0331

Residential Street Address	City	State	Zip Code
53 Riverside Rd	Sandy Hook	CT	06482

Principal Occupation	Name of Employer
student	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: $5.00

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

If yes, list Event #:

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

Date Received: 04/01/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Hudak	Khloe		0330

Residential Street Address	City	State	Zip Code
53 Riverside Rd	Sandy Hook	CT	06482

Principal Occupation	Name of Employer
student	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: $5.00

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

If yes, list Event #:

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

Date Received: 04/01/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Laroche4CT

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Nicoletti	Ashley		0371

Residential Street Address	City	State	Zip Code
68 Totem Trl	Sandy Hook	CT	06482

Principal Occupation	Name of Employer
CNA	Always Best Care

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #:

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

Date Received: 04/01/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Pisani	Eric		0383

Residential Street Address	City	State	Zip Code
28 Parmalee Hill Rd	Newtown	CT	06470

Principal Occupation	Name of Employer
Shipping Clerk	New Directions

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 04/02/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Villar	Heather	A	0187

Residential Street Address	City	State	Zip Code
1538 Jennings Rd	Fairfield	CT	06824

Principal Occupation	Name of Employer
R.N.	Griffin 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: $25.00

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

If yes, list Event #:

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

Date Received: 04/02/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Villar	Roberto	A	0186

Residential Street Address	City	State	Zip Code
1538 Jennings Rd	Fairfield	CT	06824

Principal Occupation	Name of Employer
R.N.	Norwalk 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: $25.00

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

If yes, list Event #:

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

Date Received: 04/02/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Laroche4CT

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
DelVecchio	Daniel	A	0205

Residential Street Address	City	State	Zip Code
6 Birch Rise Dr	Newtown	CT	06470

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 04/02/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Sell	Chris		0204

Residential Street Address	City	State	Zip Code
46 Benedict Rd	Bethel	CT	06801

Principal Occupation	Name of Employer
	None

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 04/02/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Sell	Patricia		0203

Residential Street Address	City	State	Zip Code
46 Benedict Rd	Bethel	CT	06801

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 04/02/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Collins	Jeffrey		0288

Residential Street Address	City	State	Zip Code
757 Reef Rd	Fairfield	CT	06824

Principal Occupation	Name of Employer
Warehouse manager	Dacor

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

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

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

Amount of Contribution: $10.00

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

If yes, list Event #:

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

Date Received: 04/03/2026

Aggregate Contributions: $10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Laroche4CT

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Collins	Emma		0287

Residential Street Address	City	State	Zip Code
757 Reef Rd	Fairfield	CT	06824

Principal Occupation	Name of Employer
student	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: $10.00

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

If yes, list Event #:

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

Date Received	Aggregate Contributions
04/03/2026	$10.00

Last Name	First	MI	Contribution ID #
Pesci, Jr.	James		0380

Residential Street Address	City	State	Zip Code
49 Sachem Rd	Fairfield	CT	06825

Principal Occupation	Name of Employer
Executive VP	Pyramid Global Hospitality

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #:

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

Date Received	Aggregate Contributions
04/03/2026	$50.00

Last Name	First	MI	Contribution ID #
Pesci	Madelyn		0379

Residential Street Address	City	State	Zip Code
49 Sachem Rd	Fairfield	CT	06825

Principal Occupation	Name of Employer
Bursar	Diocese 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: $50.00

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

If yes, list Event #:

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

Date Received	Aggregate Contributions
04/03/2026	$50.00

Last Name	First	MI	Contribution ID #
Keayes	John		0338

Residential Street Address	City	State	Zip Code
29 Maltbie Rd	Newtown	CT	06470

Principal Occupation	Name of Employer
Owner	Keayes Landscaping

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

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

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

Amount of Contribution: $10.00

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

If yes, list Event #:

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

Date Received	Aggregate Contributions
04/03/2026	$15.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Laroche4CT

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Hanley	Timothy		0321

Residential Street Address	City	State	Zip Code
3 Fox Run Ln S	Newtown	CT	06470

Principal Occupation	Name of Employer
Financial Advisor	NML

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 04/03/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Hanley	Doris		0320

Residential Street Address	City	State	Zip Code
3 Fox Run Ln S	Newtown	CT	06470

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 04/03/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Keayes	Wesly	J	0192

Residential Street Address	City	State	Zip Code
29 Maltbie Rd	Newtown	CT	06470

Principal Occupation	Name of Employer
Student	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: $5.00

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

If yes, list Event #:

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

Date Received: 04/04/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Keayes	Victoria	C	0197

Residential Street Address	City	State	Zip Code
29 Maltbie Rd	Newtown	CT	06470

Principal Occupation	Name of Employer
Event Manager	Heady Lane Hospitality

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 04/04/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Laroche4CT

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Keayes	Austin	C	0196

Residential Street Address	City	State	Zip Code
29 Maltbie Rd	Newtown	CT	06470

Principal Occupation	Name of Employer
Student	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: $5.00

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

If yes, list Event #:

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

Date Received: 04/04/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Keayes	John	F	0195

Residential Street Address	City	State	Zip Code
29 Maltbie Rd	Newtown	CT	06470

Principal Occupation	Name of Employer
Owner	Keayes Landscape

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 04/04/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Keayes	Zachary	A	0194

Residential Street Address	City	State	Zip Code
29 Maltbie Rd	Newtown	CT	06470

Principal Occupation	Name of Employer
Student	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: $5.00

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

If yes, list Event #:

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

Date Received: 04/04/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Perry	Laurie	P	0188

Residential Street Address	City	State	Zip Code
95 Northfield Rd	Fairfield	CT	06824

Principal Occupation	Name of Employer
Associate	VBS Financial 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: $40.00

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

If yes, list Event #:

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

Date Received: 04/05/2026

Aggregate Contributions: $40.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Laroche4CT

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Catania	Charles		0279

Residential Street Address	City	State	Zip Code
19 Island View Dr	Sherman	CT	06784

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #

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

Date Received: 04/06/2026

Aggregate Contributions: $125.00

Last Name	First	MI	Contribution ID #
Cagle	Keith		0274

Residential Street Address	City	State	Zip Code
7 Cardinal Dr	Shelton	CT	06484

Principal Occupation	Name of Employer
Carpenter	Absolute countertops

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 04/06/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
McHugh, Jr	Harold		0249

Residential Street Address	City	State	Zip Code
46 Howard Ave	Norwalk	CT	06855

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $20.00

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

If yes, list Event #

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

Date Received: 04/06/2026

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
Ehrismann	Peter	J	0224

Residential Street Address	City	State	Zip Code
72 Brookside Trl	Monroe	CT	06468

Principal Occupation	Name of Employer
Owner/Tradesman	PJE Enterprises, 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: $50.00

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

If yes, list Event #

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

Date Received: 04/06/2026

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Laroche4CT

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Peterson	John	P	0223

Residential Street Address	City	State	Zip Code
173 Dickinson Dr	Shelton	CT	06484

Principal Occupation	Name of Employer
Engineering Manager	ASML

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

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

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

Amount of Contribution: $20.00

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

If yes, list Event #:

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

Date Received: 04/06/2026

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
Peterson	David	A	0222

Residential Street Address	City	State	Zip Code
37 Westwood Dr	Easton	CT	06612

Principal Occupation	Name of Employer
Tool and Die Maker	Bridgeport Tool & Stamping

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

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

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

Amount of Contribution: $20.00

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

If yes, list Event #:

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

Date Received: 04/06/2026

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
Cornwell	Geoff	E	0221

Residential Street Address	City	State	Zip Code
1089 Brookside Dr	Fairfield	CT	06824

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $20.00

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

If yes, list Event #:

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

Date Received: 04/06/2026

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
Mizak	Linda	M	0220

Residential Street Address	City	State	Zip Code
196 Soundview Ave	Shelton	CT	06484

Principal Occupation	Name of Employer
Registered Nurse, EMR Analyst	CT Children's Medical Center

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

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

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

Amount of Contribution: $20.00

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

If yes, list Event #:

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

Date Received: 04/06/2026

Aggregate Contributions: $20.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Venezia	John		0219

Residential Street Address	City	State	Zip Code
330 Harbor Rd	Southport	CT	06890

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $20.00

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

If yes, list Event #

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

Date Received: 04/06/2026

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
Havanich	Louis	J	0218

Residential Street Address	City	State	Zip Code
21 Meadowlark Cir	Monroe	CT	06468

Principal Occupation	Name of Employer
Tool and Die Maker	ASML

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received: 04/06/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Bacchiocchi	James	F	0217

Residential Street Address	City	State	Zip Code
98 Perry Hill Rd	Shelton	CT	06484

Principal Occupation	Name of Employer
Remodeler - Residential	Home Crafters Const. Co, LLC

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

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

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

Amount of Contribution: $10.00

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

If yes, list Event #

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

Date Received: 04/06/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Hull, Jr.	Julius	W	0216

Residential Street Address	City	State	Zip Code
57 Poplar Dr	Shelton	CT	06484

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $10.00

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

If yes, list Event #

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

Date Received: 04/06/2026

Aggregate Contributions: $10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Laroche4CT

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Gilberti	Joseph		0215

Residential Street Address	City	State	Zip Code
33 Fieldcrest Dr	Trumbull	CT	06611

Principal Occupation	Name of Employer
Database Administrator	Inoapps

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

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

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

Amount of Contribution: $10.00

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

If yes, list Event #

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

Date Received: 04/06/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Kostopoulos	Peter	J	0214

Residential Street Address	City	State	Zip Code
26 Ruth St	Trumbull	CT	06611

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: $5.00

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

If yes, list Event #

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

Date Received: 04/06/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Labrecque	Ronald	P	0213

Residential Street Address	City	State	Zip Code
80 Heritage Rd	Southbury	CT	06488

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $20.00

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

If yes, list Event #

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

Date Received: 04/06/2026

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
Fox	Gary	L	0212

Residential Street Address	City	State	Zip Code
421 Elm St	Monroe	CT	06468

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received: 04/06/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Uliano	Dominic		0211

Residential Street Address	City	State	Zip Code
34 Swamp Rd	Newtown	CT	06470

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $10.00

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

If yes, list Event #

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

Date Received: 04/06/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Karosy	Robert	D	0210

Residential Street Address	City	State	Zip Code
270 Colonese Rd	Fairfield	CT	06825

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: $20.00

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

If yes, list Event #

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

Date Received: 04/06/2026

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
Allgood	Jay	A	0209

Residential Street Address	City	State	Zip Code
10 Toilsome Ave	Norwalk	CT	06851

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $20.00

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

If yes, list Event #

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

Date Received: 04/06/2026

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
Semosky	Daniel	J	0208

Residential Street Address	City	State	Zip Code
13 Pine Tree Hill Rd	Newtown	CT	06470

Principal Occupation	Name of Employer
Farmer	Retired State Police Sergeant

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

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

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

Amount of Contribution: $10.00

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

If yes, list Event #

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

Date Received: 04/06/2026

Aggregate Contributions: $10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Laroche4CT

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
James	Arthur	F	0207

Residential Street Address	City	State	Zip Code
15 Pine Tree Hill Rd	Newtown	CT	06470

Principal Occupation:

Name of Employer: None

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #:

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

Date Received: 04/06/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Sutay	Robert	E	0206

Residential Street Address	City	State	Zip Code
24 Condon Rd	Oxford	CT	06478

Principal Occupation:

Name of Employer: None

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

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

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

Amount of Contribution: $20.00

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

If yes, list Event #:

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

Date Received: 04/06/2026

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
Chieffalo	Salvatore	J	0202

Residential Street Address	City	State	Zip Code
35 Old Bethel Rd	Newtown	CT	06470

Principal Occupation: Accountant

Name of Employer: Mediassociates Inc

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

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

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

Amount of Contribution: $20.00

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

If yes, list Event #:

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

Date Received: 04/06/2026

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
Pasquarella	Greg	S	0201

Residential Street Address	City	State	Zip Code
42 Topstone Dr	Bethel	CT	06801

Principal Occupation:

Name of Employer: Ability Beyond

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 04/06/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Malone	Diane		0200

Residential Street Address	City	State	Zip Code
80 Winton Rd	Fairfield	CT	06824

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 04/06/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Thomas	Alison	H	0199

Residential Street Address	City	State	Zip Code
15 Butterfield Rd	Newtown	CT	06470

Principal Occupation	Name of Employer
Homemaker	Homemaker

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 04/06/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Foege	Robert	L	0243

Residential Street Address	City	State	Zip Code
31 Shepard Hill Rd	Newtown	CT	06470

Principal Occupation	Name of Employer
Engineer	SPP

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received: 04/06/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Stolfi	Jessica		0404

Residential Street Address	City	State	Zip Code
39 The Blvd	Newtown	CT	06470

Principal Occupation	Name of Employer
Marketing Operations Specialist	Outfront Media

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

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

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

Amount of Contribution: $15.00

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

If yes, list Event #

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

Date Received: 04/07/2026

Aggregate Contributions: $15.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Keayes	Lance	C	0193

Residential Street Address	City	State	Zip Code
29 Maltbie Rd	Newtown	CT	06470

Principal Occupation	Name of Employer
Lawn Care	Keayes Landscape

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 04/07/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Dillon	Todd		0293

Residential Street Address	City	State	Zip Code
45 Lockwood Dr	Watertown	CT	06795

Principal Occupation	Name of Employer
Sales	TF GOWEN AND SONS

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #: 04302026A

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

Date Received: 04/07/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Pendergast	Alison	M	0185

Residential Street Address	City	State	Zip Code
19 Riverside Rd	Sandy Hook	CT	06482

Principal Occupation	Name of Employer
None	None

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 04/09/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Pendergast	Maureen	E	0184

Residential Street Address	City	State	Zip Code
19 Riverside Rd	Sandy Hook	CT	06482

Principal Occupation	Name of Employer
Veterinary Technician	Veterinary Centers of America

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 04/09/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Laroche4CT

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Pendergast	James	P	0183

Residential Street Address	City	State	Zip Code
19 Riverside Rd	Sandy Hook	CT	06482

Principal Occupation	Name of Employer
student	None

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #:

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

Date Received: 04/09/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Pendergast	William	J	0182

Residential Street Address	City	State	Zip Code
19 Riverside Rd	Sandy Hook	CT	06482

Principal Occupation	Name of Employer
Owner/Operator	Newtown Garbage Removal 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: $50.00

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

If yes, list Event #:

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

Date Received: 04/09/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Wollen	Dori		0422

Residential Street Address	City	State	Zip Code
8 Cedar Hill Ln	Easton	CT	06612

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 04/09/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Long	Gina		0353

Residential Street Address	City	State	Zip Code
35 Poplar Dr	Sandy Hook	CT	06482

Principal Occupation	Name of Employer
Project manager	General Mills

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 04/13/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Laroche4CT

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
DiSibio	Michael		0294

Residential Street Address	City	State	Zip Code
25 Charter Rdg	Sandy Hook	CT	06482

Principal Occupation	Name of Employer
Insurance broker	Marsh

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 04/14/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
McMeniman	Martha	A	0180

Residential Street Address	City	State	Zip Code
4 Fieldstone Dr	Newtown	CT	06470

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $20.00

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

If yes, list Event #:

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

Date Received: 04/15/2026

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
McArthur	Lori	J	0198

Residential Street Address	City	State	Zip Code
355 Papurah Rd	Fairfield	CT	06825

Principal Occupation	Name of Employer
	None

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 04/16/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Mastrocco	Laura		0360

Residential Street Address	City	State	Zip Code
253 Farhan Ln	North Babylon	NY	11703

Principal Occupation	Name of Employer
Accountant.	Westport 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: $100.00

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

If yes, list Event #: 04302026A

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

Date Received: 04/16/2026

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Laroche4CT

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
McArthur	Frank	C	0250

Residential Street Address	City	State	Zip Code
355 Papurah Rd	Fairfield	CT	06825

Principal Occupation	Name of Employer
General Contractor	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: $25.00

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

If yes, list Event #:

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

Date Received: 04/16/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
MacDonald	Joanne	M	0425

Residential Street Address	City	State	Zip Code
32 Modley Rd	Sharon	CT	06069

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $150.00

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

If yes, list Event #:

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

Date Received: 04/17/2026

Aggregate Contributions: $150.00

Last Name	First	MI	Contribution ID #
Filiato	Anthony		0303

Residential Street Address	City	State	Zip Code
24 Washbrook Rd	Newtown	CT	06470

Principal Occupation	Name of Employer
Attorney	Signal Management 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: $25.00

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

If yes, list Event #:

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

Date Received: 04/18/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Eisele	Joe		0298

Residential Street Address	City	State	Zip Code
37 Wood View Dr	Mount Laurel	NJ	08054

Principal Occupation	Name of Employer
Client Relations - Automotive Fleet	Holman 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: $50.00

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

If yes, list Event #:

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

Date Received: 04/18/2026

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Laroche4CT

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Carlson	Vikki		0276

Residential Street Address	City	State	Zip Code
53 Copper Creek Cir	Newtown	CT	06470

Principal Occupation	Name of Employer
School Counselor Director	Danbury Public Schools

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

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

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

Amount of Contribution: $10.00

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

If yes, list Event #:

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

Date Received: 04/18/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Agostisi	James		0227

Residential Street Address	City	State	Zip Code
31 Potters Ln	Fairfield	CT	06824

Principal Occupation	Name of Employer
Financial Advisor	Ameriprise

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #:

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

Date Received: 04/19/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Agostisi	Barbara		0226

Residential Street Address	City	State	Zip Code
31 Potters Ln	Fairfield	CT	06824

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: $40.00

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

If yes, list Event #:

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

Date Received: 04/19/2026

Aggregate Contributions: $40.00

Last Name	First	MI	Contribution ID #
Kocian	Lisa		0341

Residential Street Address	City	State	Zip Code
13 Pepperidge Rd	Newtown	CT	06470

Principal Occupation	Name of Employer
Admin	Lm Reid

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 04/19/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Laroche4CT

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Simon	Neuseli		0399

Residential Street Address	City	State	Zip Code
57 Taunton Lake Rd	Newtown	CT	06470

Principal Occupation	Name of Employer
International Compensation Analyst	Cartus 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: $100.00

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

If yes, list Event #:

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

Date Received: 04/19/2026

Aggregate Contributions: $150.00

Last Name	First	MI	Contribution ID #
Scinto	Terri		0397

Residential Street Address	City	State	Zip Code
37 High Rock Rd	Sandy Hook	CT	06482

Principal Occupation	Name of Employer
Pet Care	Happy Trails Pet Sitting & Dog Walking

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #:

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

Date Received: 04/21/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Grant	Michael		0313

Residential Street Address	City	State	Zip Code
1585 Melville Ave	Fairfield	CT	06825

Principal Occupation	Name of Employer
Production	USI INSURANCE

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #:

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

Date Received: 04/21/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Millington	James		0365

Residential Street Address	City	State	Zip Code
245 Unquowa Rd	Fairfield	CT	06824

Principal Occupation	Name of Employer
Realtor	William Raveis Real Estate

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

If yes, indicate which branch or branches 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 #: 04302026A

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

Date Received: 04/21/2026

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Laroche4CT

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Cohen	Vered		0285

Residential Street Address	City	State	Zip Code
108 Nichols St	Fairfield	CT	06824

Principal Occupation	Name of Employer
unemployed	unemployed

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event # 04302026A

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

Date Received: 04/21/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Cohen	Haim		0284

Residential Street Address	City	State	Zip Code
108 Nichols St	Fairfield	CT	06824

Principal Occupation	Name of Employer
Software Engineering Manager	Bloomberg

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

If yes, indicate which branch or branches 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 # 04302026A

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

Date Received: 04/21/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Hall	Margot	S	0225

Residential Street Address	City	State	Zip Code
5 Nettleton Ave	Newtown	CT	06470

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #

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

Date Received: 04/22/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Hall	Robert	H	0424

Residential Street Address	City	State	Zip Code
5 Nettleton Ave	Newtown	CT	06470

Principal Occupation	Name of Employer
Attorney	self-Robert H Hall P.C.

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #

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

Date Received: 04/22/2026

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Autuori	Roger		0260

Residential Street Address	City	State	Zip Code
1310 Melville Ave	Fairfield	CT	06824

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event # 04302026A

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

Date Received: 04/24/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Waterbury	Jim		0416

Residential Street Address	City	State	Zip Code
159 North St	Easton	CT	06612

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event # 04302026A

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

Date Received: 04/24/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Hempstead	Veronica	L	0179

Residential Street Address	City	State	Zip Code
2 Fieldstone Dr	Newtown	CT	06470

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $10.00

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

If yes, list Event #

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

Date Received: 04/24/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Girgasky	Joseph	J	0181

Residential Street Address	City	State	Zip Code
7 Lake Rd	Newtown	CT	06470

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received: 04/24/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Laroche4CT

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Beeble	Timothy		0263

Residential Street Address	City	State	Zip Code
63 Grassy Plain St	Bethel	CT	06801

Principal Occupation	Name of Employer
Registrar of Voters	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: $100.00

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

If yes, list Event #:

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

Date Received: 04/25/2026

Aggregate Contributions: $200.00

Last Name	First	MI	Contribution ID #
Grimes	Matthew		0316

Residential Street Address	City	State	Zip Code
11 Orchard St	Brookfield	CT	06804

Principal Occupation	Name of Employer
Attorney	Matt Grimes Law Firm

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event # 04302026A

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

Date Received: 04/26/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Suter	Katherine		0406

Residential Street Address	City	State	Zip Code
2461 Walnut Bottom Rd	York	PA	17408

Principal Occupation	Name of Employer
Supervisor Transition Classrooms	Laurel Life

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 04/26/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Matthews	Sarah		0361

Residential Street Address	City	State	Zip Code
230 Penfield Rd	Fairfield	CT	06824

Principal Occupation	Name of Employer
Chief of Staff to the Mayor	Town of Stratford

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event # 04302026A

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

Date Received: 04/27/2026

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Laroche4CT

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Sarris	Jayne		0396

Residential Street Address	City	State	Zip Code
601 White Plains Rd	Trumbull	CT	06611

Principal Occupation	Name of Employer
Pet sitter	J&M Pet and House Sitting 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: $25.00

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

If yes, list Event # 04302026A

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

Date Received: 04/27/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Fredericks	Sheila	M	0178

Residential Street Address	City	State	Zip Code
15 Fox Den Rd	Bethel	CT	06801

Principal Occupation	Name of Employer
Minister	Grace Family Church

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #

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

Date Received: 04/27/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Fredericks	Barry	W	0177

Residential Street Address	City	State	Zip Code
15 Fox Den Rd	Bethel	CT	06801

Principal Occupation	Name of Employer
Minister	Grace Family Church

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #

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

Date Received: 04/27/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Manusky	Anne		0358

Residential Street Address	City	State	Zip Code
20 Morning Glory Dr	Easton	CT	06612

Principal Occupation	Name of Employer
homemaker	homemaker

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event # 04302026A

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

Date Received: 04/28/2026

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Laroche4CT

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Astarita	Kenneth		0259

Residential Street Address	City	State	Zip Code
199 Southport Woods Dr	Southport	CT	06890

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event # 04302026A

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

Date Received: 04/28/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Devine	Terence		0292

Residential Street Address	City	State	Zip Code
214 Robin Ln	Fairfield	CT	06824

Principal Occupation	Name of Employer
Finance	Brockton 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: $50.00

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

If yes, list Event #

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

Date Received: 04/28/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Plitsas	Alex		0384

Residential Street Address	City	State	Zip Code
78 Cambridge St	Fairfield	CT	06824

Principal Occupation	Name of Employer
Vice President and Global Industry Principal	Infor

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

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

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

Amount of Contribution: $340.00

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

If yes, list Event #

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

Date Received: 04/28/2026

Aggregate Contributions: $340.00

Last Name	First	MI	Contribution ID #
Ellis	Nick		0299

Residential Street Address	City	State	Zip Code
13 Fawn Rd	Bethel	CT	06801

Principal Occupation	Name of Employer
Gary hawley	Hawley construction

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 04/29/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Laroche4CT

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Politi	Cathy		0385

Residential Street Address	City	State	Zip Code
48 Barnhill Rd	Fairfield	CT	06825

Principal Occupation	Name of Employer
Registrar of Voters	Town of 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: $25.00

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

If yes, list Event # 04302026A

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

Date Received: 04/29/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Paine	Beth		0376

Residential Street Address	City	State	Zip Code
185 Canal St	Shelton	CT	06484

Principal Occupation	Name of Employer
Administrative Clinical Coordinator	Integrated Anesthesia Associates

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event # 04302026A

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

Date Received: 04/29/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
O'Shea	Amy		0373

Residential Street Address	City	State	Zip Code
100 Hilary Cir	Fairfield	CT	06825

Principal Occupation	Name of Employer
Attorney & real estate investor	JB Percival 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: $100.00

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

If yes, list Event # 04302026A

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

Date Received: 04/29/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Bennett	Jennifer		0264

Residential Street Address	City	State	Zip Code
15 Carriage Dr	Shelton	CT	06484

Principal Occupation	Name of Employer
Assistant Manager	IAA

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event # 04302026A

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

Date Received: 04/29/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Laroche4CT

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Barker	William		0262

Residential Street Address	City	State	Zip Code
1305 Round Hill Rd	Fairfield	CT	06824

Principal Occupation	Name of Employer
Consulting	Barker Consulting 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: $50.00

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

If yes, list Event # 04302026A

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

Date Received: 04/30/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Barker	Lois		0261

Residential Street Address	City	State	Zip Code
1305 Round Hill Rd	Fairfield	CT	06824

Principal Occupation	Name of Employer
Ceramic Arts	JeanElton Studio

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event # 04302026A

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

Date Received: 04/30/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Pertoso	Tracey		0378

Residential Street Address	City	State	Zip Code
34 Winton Farm Rd	Newtown	CT	06470

Principal Occupation	Name of Employer
Attorney	Sacred Heart 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: $50.00

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

If yes, list Event # 04302026A

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

Date Received: 04/30/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Gelder	Josh		0308

Residential Street Address	City	State	Zip Code
301 Derby Ave	Derby	CT	06418

Principal Occupation	Name of Employer
Chief Compliance Officer	United Aero 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: $100.00

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

If yes, list Event # 04302026A

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

Date Received: 04/30/2026

Aggregate Contributions: $250.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Laroche4CT

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Farnen	Brian		0301

Residential Street Address	City	State	Zip Code
394 Rowland Rd	Fairfield	CT	06824

Principal Occupation	Name of Employer
Attorney	CT Green Bank

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event # 04302026A

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

Date Received: 04/30/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
DeMato	Michael		0291

Residential Street Address	City	State	Zip Code
29 Marne Ave	Fairfield	CT	06824

Principal Occupation	Name of Employer
Advertising Sales	Neptune Retail Solutions

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

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

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

Amount of Contribution: $75.00

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

If yes, list Event # 04302026A

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

Date Received: 04/30/2026

Aggregate Contributions: $75.00

Last Name	First	MI	Contribution ID #
Dacey	Beverlee	F	0242

Residential Street Address	City	State	Zip Code
257 Redding Rd	Easton	CT	06612

Principal Occupation	Name of Employer
Manufacturing	Amodex Products

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

If yes, indicate which branch or branches 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 # 04302026A

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

Date Received: 04/30/2026

Aggregate Contributions: $110.00

Last Name	First	MI	Contribution ID #
Bernardi	James		0241

Residential Street Address	City	State	Zip Code
73 Hattertown	Newtown	CT	06470

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event # 04302026A

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

Date Received: 04/30/2026

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Laroche4CT

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Mordente	Anthony	N	0240

Residential Street Address	City	State	Zip Code
17 Bayberry Ln	Levittown	NY	11756

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event # 04302026A

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

Date Received: 04/30/2026

Aggregate Contributions: $200.00

Last Name	First	MI	Contribution ID #
Carroll	Philip		0239

Residential Street Address	City	State	Zip Code
1 Fieldstone Dr	Newtown	CT	06470

Principal Occupation	Name of Employer
Dept. of Motor Vehicles Agent	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 # 04302026A

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

Date Received: 04/30/2026

Aggregate Contributions: $200.00

Last Name	First	MI	Contribution ID #
Santa	John	S	0238

Residential Street Address	City	State	Zip Code
33 Chester Pl	Southport	CT	06890

Principal Occupation	Name of Employer
Corp Director	Santa Holding 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: $50.00

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

If yes, list Event # 04302026A

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

Date Received: 04/30/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Santa	Irene	M	0237

Residential Street Address	City	State	Zip Code
33 Chester Pl	Southport	CT	06890

Principal Occupation	Name of Employer
Homemaker	Homemaker

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event # 04302026A

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

Date Received: 04/30/2026

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Laroche4CT

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Loudon	Cathy		0236

Residential Street Address	City	State	Zip Code
7 Elana Ln	Sandy Hook	CT	06482

Principal Occupation	Name of Employer
Practice Manager	ProHealth Physicians

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

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

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

Amount of Contribution: $65.00

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

If yes, list Event # 04302026A

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

Date Received: 04/30/2026

Aggregate Contributions: $65.00

Last Name	First	MI	Contribution ID #
Loudon	Russell		0235

Residential Street Address	City	State	Zip Code
7 Elana Ln	Sandy Hook	CT	06482

Principal Occupation	Name of Employer
superintendent	Fairfield Public Works

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

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

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

Amount of Contribution: $65.00

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

If yes, list Event # 04302026A

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

Date Received: 04/30/2026

Aggregate Contributions: $65.00

Last Name	First	MI	Contribution ID #
Shostak	John		0233

Residential Street Address	City	State	Zip Code
138 Figlar Ave	Fairfield	CT	06824

Principal Occupation	Name of Employer
Builder	Shostak Construction

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event # 04302026A

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

Date Received: 04/30/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Ruben	Benjamin	A	0232

Residential Street Address	City	State	Zip Code
115A Brushy Hill Rd	Newtown	CT	06470

Principal Occupation	Name of Employer
Broker	The BAR 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: $50.00

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

If yes, list Event # 04302026A

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

Date Received: 04/30/2026

Aggregate Contributions: $150.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Laroche4CT

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
MacGuffie	Adrienne		0231

Residential Street Address	City	State	Zip Code
144 Mayweed Rd	Fairfield	CT	06824

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $120.00

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

If yes, list Event # 04302026A

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

Date Received: 04/30/2026

Aggregate Contributions: $220.00

Last Name	First	MI	Contribution ID #
Capeci	Tanya	S	0230

Residential Street Address	City	State	Zip Code
52 Bear Hills Rd	Newtown	CT	06470

Principal Occupation	Name of Employer
Homemaker	Homemaker

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event # 04302026A

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

Date Received: 04/30/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Gale	Hannah		0229

Residential Street Address	City	State	Zip Code
234 Soundview Ave	Fairfield	CT	06825

Principal Occupation	Name of Employer
Naturopathic Physician	Three Hares Healing

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event # 04302026A

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

Date Received: 04/30/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Shostak	Jackson	D	0228

Residential Street Address	City	State	Zip Code
138 Figlar Ave	Fairfield	CT	06824

Principal Occupation	Name of Employer
Legislative Aide	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: $50.00

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

If yes, list Event # 04302026A

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

Date Received: 04/30/2026

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Laroche4CT

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Mirabile	Nicholas		0366

Residential Street Address	City	State	Zip Code
125 Sycamore Ln	Fairfield	CT	06824

Principal Occupation	Name of Employer
Logistics	Bold Move Logistocs

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #

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

Date Received: 04/30/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Altobelli	Eliz		0255

Residential Street Address	City	State	Zip Code
76 Country Td	Fairfield	CT	06824

Principal Occupation	Name of Employer
Realtor	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: $75.00

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

If yes, list Event #

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

Date Received: 04/30/2026

Aggregate Contributions: $75.00

Last Name	First	MI	Contribution ID #
Rooney	Terry		0391

Residential Street Address	City	State	Zip Code
70 Knapp St	Monroe	CT	06468

Principal Occupation	Name of Employer
Selectman	Monroe

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #

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

Date Received: 04/30/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Widmann	Constance		0417

Residential Street Address	City	State	Zip Code
74 Hattertown Rd	Newtown	CT	06470

Principal Occupation	Name of Employer
Realtor	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: $50.00

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

If yes, list Event #

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

Date Received: 04/30/2026

Aggregate Contributions: $150.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Laroche4CT

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Winfield	Leah		0421

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

Principal Occupation	Name of Employer
Lawyer	Freshfields US 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: $100.00

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

If yes, list Event #:

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

Date Received: 04/30/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
KOEHM	Eva		0343

Residential Street Address	City	State	Zip Code
5 Fernbrook Dr	Brookfield Center	CT	06804

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #:

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

Date Received: 04/30/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Koehm	Andy		0342

Residential Street Address	City	State	Zip Code
5 Fernbrook Dr	Brookfield	CT	06804

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #:

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

Date Received: 04/30/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Harrison	Alexis		0323

Residential Street Address	City	State	Zip Code
99 Welch Ter	Fairfield	CT	06824

Principal Occupation	Name of Employer
unemployed	unemployed

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

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

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

Amount of Contribution: $35.00

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

If yes, list Event #:

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

Date Received: 04/30/2026

Aggregate Contributions: $35.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Harris	Darrell		0322

Residential Street Address	City	State	Zip Code
70 Sport Hill Rd	Easton	CT	06612

Principal Occupation	Name of Employer
Co-Owner	Property Concierge 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: $50.00

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

If yes, list Event #:

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

Date Received: 04/30/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
McCarthy	Thomas		0297

Residential Street Address	City	State	Zip Code
15 Lovers Ln	Fairfield	CT	06824

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #:

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

Date Received: 04/30/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Long	Nancy	C	0430

Residential Street Address	City	State	Zip Code
1161 Catamount Rd	Fairfield	CT	06824

Principal Occupation	Name of Employer
accountant	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: $25.00

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

If yes, list Event #:

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

Date Received: 04/30/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Long	Raymond	R	0429

Residential Street Address	City	State	Zip Code
1161 Catamount Rd	Fairfield	CT	06824

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 04/30/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Laroche4CT

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Gereg-Bradley	Joan		0309

Residential Street Address	City	State	Zip Code
66 Ridgedale Rd	Bethel	CT	06801

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 05/02/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Thomas	Dylan		0408

Residential Street Address	City	State	Zip Code
15 Butterfield Rd	Newtown	CT	06470

Principal Occupation	Name of Employer
Project Manager	Opus AVC

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #:

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

Date Received: 05/02/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Domkowski	Judy		0296

Residential Street Address	City	State	Zip Code
42 Regents Park	Westport	CT	06880

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #:

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

Date Received: 05/03/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Christy	Glenn		0282

Residential Street Address	City	State	Zip Code
66 Ridgedale Rd	Bethel	CT	06801

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 05/03/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Laroche4CT

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
McCormack	Karen		0363

Residential Street Address	City	State	Zip Code
305 Winnepoge Dr	Fairfield	CT	06825

Principal Occupation	Name of Employer
Attorney	Law Office of Karen A. McCormack,LLC

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 05/04/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Furlong	Angela	M	0176

Residential Street Address	City	State	Zip Code
321 Post Rd	Fairfield	CT	06824

Principal Occupation	Name of Employer
Asst. Town Clerk	Town of 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: $5.00

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

If yes, list Event #

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

Date Received: 05/04/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Quatela	Denise	A	0175

Residential Street Address	City	State	Zip Code
245 Unquowa Rd # 245	Fairfield	CT	06824

Principal Occupation	Name of Employer
Registrar of Voters	Town of 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: $5.00

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

If yes, list Event #

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

Date Received: 05/04/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Lumaj	Peter		0174

Residential Street Address	City	State	Zip Code
745 Mill Plain Rd	Fairfield	CT	06824

Principal Occupation	Name of Employer
Attorney	Lumaj Law Office

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #

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

Date Received: 05/04/2026

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Laroche4CT

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Szablak	Judith		0247

Residential Street Address	City	State	Zip Code
309 Marlborough Ter	Fairfield	CT	06825

Principal Occupation:

Name of Employer: Self

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

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

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

Amount of Contribution:

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

If yes, list Event #:

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

Date Received: 05/04/2026

Aggregate Contributions: $5.00

$5.00

Last Name	First	MI	Contribution ID #
Ward	James		0415

Residential Street Address	City	State	Zip Code
34 Galloping Hill Rd	Fairfield	CT	06824

Principal Occupation: Consultant

Name of Employer: Protiviti

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

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

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

Amount of Contribution:

Is this contribution associated with an 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: $20.00

$20.00

Last Name	First	MI	Contribution ID #
Vicente	Alex		0413

Residential Street Address	City	State	Zip Code
36 Cumberland Dr	Bridgeport	CT	06606

Principal Occupation: General Manager

Name of Employer: Truck Yeah Media LLC

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

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

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

Amount of Contribution:

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

If yes, list Event #:

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

Date Received: 05/06/2026

Aggregate Contributions: $25.00

$25.00

Last Name	First	MI	Contribution ID #
Shea	Chris		0398

Residential Street Address	City	State	Zip Code
247 Forest Ln	Cheshire	CT	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 #: 04302026A

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

Date Received: 05/06/2026

Aggregate Contributions: $100.00

$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Laroche4CT

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Coe	Cameron		0283

Residential Street Address	City	State	Zip Code
8 Scuppo Rd	Danbury	CT	06811

Principal Occupation	Name of Employer
Admissions Team Lead	Post 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: $25.00

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

If yes, list Event #:

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

Date Received: 05/07/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Bowditch	Wendy		0268

Residential Street Address	City	State	Zip Code
70 Todds Way	Easton	CT	06612

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 05/09/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Cohen	Jan		0173

Residential Street Address	City	State	Zip Code
38 Meadowcrest Dr	Fairfield	CT	06825

Principal Occupation	Name of Employer
CFO	Northeast 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: $5.00

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

If yes, list Event #:

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

Date Received: 05/10/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Tortora	Laura		0411

Residential Street Address	City	State	Zip Code
50 Woodland Rd	Middlebury	CT	06762

Principal Occupation	Name of Employer
homemaker	homemaker

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

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

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

Amount of Contribution: $10.00

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

If yes, list Event #:

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

Date Received: 05/10/2026

Aggregate Contributions: $10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Laroche4CT

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Rains	Alexandra		0388

Residential Street Address	City	State	Zip Code
3920 Redding Rd	Fairfield	CT	06824

Principal Occupation	Name of Employer
homemaker	homemaker

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 05/10/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Puccetti	Angela		0387

Residential Street Address	City	State	Zip Code
25 Sanford Dr	Easton	CT	06612

Principal Occupation	Name of Employer
homemaker	homemaker

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 05/10/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Linkov	Ali		0352

Residential Street Address	City	State	Zip Code
32 Bridge St	Lambertville	NJ	08530

Principal Occupation	Name of Employer
Self Employed	Foxy Reds

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

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

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

Amount of Contribution: $136.00

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

If yes, list Event #

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

Date Received: 05/10/2026

Aggregate Contributions: $136.00

Last Name	First	MI	Contribution ID #
Langdon	Lori		0347

Residential Street Address	City	State	Zip Code
147 Coventry Ln	Fairfield	CT	06824

Principal Occupation	Name of Employer
homemaker	homemaker

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

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

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

Amount of Contribution: $250.00

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

If yes, list Event #

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

Date Received: 05/10/2026

Aggregate Contributions: $250.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Laroche4CT

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Langdon	Emma		0346

Residential Street Address	City	State	Zip Code
147 Coventry Ln	Fairfield	CT	06824

Principal Occupation	Name of Employer
Private Tutor	Emma Langdon

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 05/10/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Farnen	Chad		0302

Residential Street Address	City	State	Zip Code
394 Rowland Rd	Fairfield	CT	06824

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $10.00

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

If yes, list Event #:

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

Date Received: 05/11/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Sperrazza	Amy		0402

Residential Street Address	City	State	Zip Code
322 Brambly Hedge Cir	Fairfield	CT	06824

Principal Occupation	Name of Employer
homemaker	homemaker

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

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

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

Amount of Contribution: $10.00

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

If yes, list Event #:

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

Date Received: 05/11/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Nguyen	Viet	Q	0172

Residential Street Address	City	State	Zip Code
70 Burrwood Cmn	Fairfield	CT	06824

Principal Occupation	Name of Employer
Dentist	Mondovi of Southington Dental

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

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

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

Amount of Contribution: $10.00

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

If yes, list Event #:

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

Date Received: 05/11/2026

Aggregate Contributions: $10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Laroche4CT

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Bowditch	Wendy		0269

Residential Street Address	City	State	Zip Code
70 Todds Way	Easton	CT	06612

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $300.00

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

If yes, list Event #

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

Date Received: 05/13/2026

Aggregate Contributions: $305.00

Last Name	First	MI	Contribution ID #
Lawrence	Patricia		0348

Residential Street Address	City	State	Zip Code
4 Franklin Ct	Newtown	CT	06470

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 05/13/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Gardner	Katharine		0307

Residential Street Address	City	State	Zip Code
10 Russett Rd	Sandy Hook	CT	06482

Principal Occupation	Name of Employer
communications	Bold llc

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 05/13/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Gardner	Charles		0306

Residential Street Address	City	State	Zip Code
10 Russett Rd	Sandy Hook	CT	06482

Principal Occupation	Name of Employer
Research Fellow	Mercatus Center

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #

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

Date Received: 05/13/2026

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Laroche4CT

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Go	George		0311

Residential Street Address	City	State	Zip Code
7 Green Pasture Rd	Bethel	CT	06801

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #:

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

Date Received: 05/14/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Isselee	Jill		0336

Residential Street Address	City	State	Zip Code
82 Putnam Park Rd	Bethel	CT	06801

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $10.00

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

If yes, list Event #:

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

Date Received: 05/14/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Andrejczyk	Robert		0258

Residential Street Address	City	State	Zip Code
91 Berkshire Rd	Sandy Hook	CT	06482

Principal Occupation	Name of Employer
Part time engineering consulting	RCM 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: $200.00

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

If yes, list Event #:

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

Date Received: 05/14/2026

Aggregate Contributions: $200.00

Last Name	First	MI	Contribution ID #
Budd	Donna		0273

Residential Street Address	City	State	Zip Code
9 Rose Ln	Sandy Hook	CT	06482

Principal Occupation	Name of Employer
Private teacher	Donna Budd

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 05/15/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Laroche4CT

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Catania	Charles		0280

Residential Street Address	City	State	Zip Code
19 Island View Dr	Sherman	CT	06784

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #:

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

Date Received: 05/17/2026

Aggregate Contributions: $225.00

Last Name	First	MI	Contribution ID #
Corbett	Mark		0289

Residential Street Address	City	State	Zip Code
41 Jo Mar Dr	Sandy Hook	CT	06482

Principal Occupation	Name of Employer
Carpenter	Black Raven Woodworking

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 05/17/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Spallino	Amy		0401

Residential Street Address	City	State	Zip Code
183 Ridgewood Dr	Middlebury	CT	06762

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 05/19/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Wang	Hsuan-Hui		0414

Residential Street Address	City	State	Zip Code
46 Village Walk	Wilton	CT	06897

Principal Occupation	Name of Employer
Teacher	New Canaan Public School

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #:

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

Date Received: 05/19/2026

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Laroche4CT

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Zabohonski	Susan		0423

Residential Street Address	City	State	Zip Code
28 Werking St	Plantsville	CT	06479

Principal Occupation	Name of Employer
Manager	Village Pet Grooming, LLC

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #:

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

Date Received: 05/19/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Pendergast	Mary		0377

Residential Street Address	City	State	Zip Code
25 Evergreen Rd ; PO Box 503	Newtown	CT	06470

Principal Occupation	Name of Employer
Admin	Newtown

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 05/19/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Kurowski	C. Marcella		0344

Residential Street Address	City	State	Zip Code
37 W Ridgeland Rd	Wallingford	CT	06492

Principal Occupation	Name of Employer
homemaker	homemaker

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 05/20/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Kellerman	Abbey		0340

Residential Street Address	City	State	Zip Code
4 Brookfield Ave	Fairfield	CT	06825

Principal Occupation	Name of Employer
Registered Nurse	Yale New Haven Hospital

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 05/20/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Laroche4CT

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Manusky	Anne		0359

Residential Street Address	City	State	Zip Code
20 Morning Glory Dr	Easton	CT	06612

Principal Occupation	Name of Employer
homemaker	homemaker

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

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

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

Amount of Contribution: $15.00

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

If yes, list Event #:

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

Date Received: 05/20/2026

Aggregate Contributions: $115.00

Last Name	First	MI	Contribution ID #
Allan	John		0254

Residential Street Address	City	State	Zip Code
68 Tranquility Dr	Easton	CT	06612

Principal Occupation	Name of Employer
Cpa	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: $25.00

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

If yes, list Event #:

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

Date Received: 05/20/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Boyce	Donald		0270

Residential Street Address	City	State	Zip Code
36 Silver Hill Rd	Easton	CT	06612

Principal Occupation	Name of Employer
Sales	MassMutual

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

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

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

Amount of Contribution: $300.00

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

If yes, list Event #:

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

Date Received: 05/21/2026

Aggregate Contributions: $300.00

Last Name	First	MI	Contribution ID #
Herrmann	Thomas		0325

Residential Street Address	City	State	Zip Code
75 Kellers Farm Rd	Easton	CT	06612

Principal Occupation	Name of Employer
Private Equity	Stanwich Partners 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: $5.00

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

If yes, list Event #:

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

Date Received: 05/21/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Laroche4CT

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Tonon	Robert		0410

Residential Street Address	City	State	Zip Code
106 Ashwell Dr	Plantsville	CT	06479

Principal Occupation	Name of Employer
Electrician	Safeguard ElectricLLC

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #:

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

Date Received: 05/21/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Williams	Doug		0420

Residential Street Address	City	State	Zip Code
59 Delaware Rd	Easton	CT	06612

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 05/21/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Salamone	Pamela		0395

Residential Street Address	City	State	Zip Code
659 Cornwall Ave	Cheshire	CT	06410

Principal Occupation	Name of Employer
homemaker	homemaker

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #:

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

Date Received: 05/21/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Rau	Lynnae		0389

Residential Street Address	City	State	Zip Code
15 Taunton Ln	Newtown	CT	06470

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 05/22/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Laroche4CT

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Thomas	Lukas		0409

Residential Street Address	City	State	Zip Code
1230 Merritt St	Fairfield	CT	06825

Principal Occupation	Name of Employer
Attorney	Owens, Schine & Nicola, PC

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #:

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

Date Received: 05/22/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Hicks	Gina		0327

Residential Street Address	City	State	Zip Code
7 Brianna Ln	Easton	CT	06612

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 05/22/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Gorman	Patrick		0312

Residential Street Address	City	State	Zip Code
36 Hanover Rd	Newtown	CT	06470

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $20.00

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

If yes, list Event #:

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

Date Received: 05/22/2026

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
Gregorio	Michele		0315

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

Principal Occupation	Name of Employer
Realtor / Consultant	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: $25.00

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

If yes, list Event #:

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

Date Received: 05/22/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Laroche4CT

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Beylouni	Melissa		0266

Residential Street Address	City	State	Zip Code
15 Equestrian Rdg	Newtown	CT	06470

Principal Occupation	Name of Employer
homemaker	homemaker

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

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

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

Amount of Contribution: $340.00

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

If yes, list Event #

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

Date Received: 05/22/2026

Aggregate Contributions: $340.00

Last Name	First	MI	Contribution ID #
McClain	Mike		0362

Residential Street Address	City	State	Zip Code
68 Larkey Rd	Oxford	CT	06478

Principal Occupation	Name of Employer
Construction Supervisor	Eversource

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received: 05/22/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Poidomani	Edith	M	0168

Residential Street Address	City	State	Zip Code
5 Curry Dr	Newtown	CT	06470

Principal Occupation	Name of Employer
R.N.	Retired

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received: 05/23/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Suffredini	John		0405

Residential Street Address	City	State	Zip Code
11 Kachele St	Easton	CT	06612

Principal Occupation	Name of Employer
retired	retired

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

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 05/23/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Laroche4CT

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
o'shaughnessy	james		0372

Residential Street Address	City	State	Zip Code
102 Queens Grant Rd	Fairfield	CT	06824

Principal Occupation	Name of Employer
retired	retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 05/24/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
HETTERLY	Mark		0326

Residential Street Address	City	State	Zip Code
59 Laurel Dr	Easton	CT	06612

Principal Occupation	Name of Employer
retired	retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 05/24/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Lumaj	Mary		0356

Residential Street Address	City	State	Zip Code
745 Mill Plain Rd	Fairfield	CT	06824

Principal Occupation	Name of Employer
Assistant	Lumaj Law Office

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 05/24/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Lumaj	Frank		0355

Residential Street Address	City	State	Zip Code
745 Mill Plain Rd	Fairfield	CT	06824

Principal Occupation	Name of Employer
Project manager	Paramount management homes 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: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 05/24/2026

Aggregate Contributions: $10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Laroche4CT

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Lumaj	Amy		0354

Residential Street Address	City	State	Zip Code
745 Mill Plain Rd	Fairfield	CT	06824

Principal Occupation	Name of Employer
Teacher	St. Joseph's yorkville

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 05/24/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Pracilio	Kymberly	H	0245

Residential Street Address	City	State	Zip Code
80 Campfield Dr	Fairfield	CT	06825

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: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 05/24/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Bartoli	Phyllis	R	0167

Residential Street Address	City	State	Zip Code
35 Penfield Pl	Fairfield	CT	06824

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $20.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 05/24/2026

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
Ondy	Chad	E	0248

Residential Street Address	City	State	Zip Code
8 Abbey Ln	Newtown	CT	06470

Principal Occupation	Name of Employer
Landscaper	Chad's Lawn Care and Tree 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: $20.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 05/25/2026

Aggregate Contributions: $20.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Laroche4CT

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Pracilio	Thomas	F	0170

Residential Street Address	City	State	Zip Code
43 Rockview Rd	Southport	CT	06890

Principal Occupation: Retired

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: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 05/25/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Ondy	Connie	A	0169

Residential Street Address	City	State	Zip Code
8 Abbey Ln	Newtown	CT	06470

Principal Occupation: R.N.

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: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 05/25/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Henneberry	Kenneth		0324

Residential Street Address	City	State	Zip Code
31 Deer Run	Bethel	CT	06801

Principal Occupation: retired

Name of Employer: retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $20.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 05/25/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Saksa	Robert		0394

Residential Street Address	City	State	Zip Code
105 Dickinson Dr	Shelton	CT	06484

Principal Occupation: Plumber

Name of Employer: Automatic plumbing

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 05/25/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Ryan	James		0393

Residential Street Address	City	State	Zip Code
13 Karen Dr	Bethel	CT	06482

Principal Occupation	Name of Employer
retired	retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 05/25/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Toth	Sue		0412

Residential Street Address	City	State	Zip Code
11 Shelton St	Derby	CT	06418

Principal Occupation	Name of Employer
retired	retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 05/25/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Pine	Ron		0382

Residential Street Address	City	State	Zip Code
36 Highlawn Rd	Fairfield	CT	06824

Principal Occupation	Name of Employer
retired	retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 05/26/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Iacono	Pamela		0332

Residential Street Address	City	State	Zip Code
68 Phyfe Rd	Fairfield	CT	06824

Principal Occupation	Name of Employer
homemaker	homemaker

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 05/26/2026

Aggregate Contributions: $10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Laroche4CT

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Corey	Kevin	M	0246

Residential Street Address	City	State	Zip Code
10 Carol Ann Dr	Newtown	CT	06470

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: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 05/26/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Colburn	Collin		0286

Residential Street Address	City	State	Zip Code
139 Old Barn Rd	Fairfield	CT	06824

Principal Occupation: VP, Commerce

Name of Employer: Interactive Advertising Bureau

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 05/26/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Britton	Peter		0272

Residential Street Address	City	State	Zip Code
1301 Mill Hill Rd	Southport	CT	06890

Principal Occupation: retired

Name of Employer: retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 05/26/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Villar	Chelsea	G	0171

Residential Street Address	City	State	Zip Code
1538 Jennings Rd	Fairfield	CT	06824

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: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 05/26/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Laroche4CT

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Carlson	Vikki		0277

Residential Street Address	City	State	Zip Code
53 Copper Creek Cir	Newtown	CT	06470

Principal Occupation	Name of Employer
School Counselor	Danbury Public Schools

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 05/27/2026

Aggregate Contributions: $35.00

Last Name	First	MI	Contribution ID #
Gualtieri	Shelane		0317

Residential Street Address	City	State	Zip Code
26 Codfish Hill Rd	Bethel	CT	06801

Principal Occupation	Name of Employer
retired	retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 05/28/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Fairbanks	Barbara		0300

Residential Street Address	City	State	Zip Code
152 Church Hill Rd	Woodbury	CT	06798

Principal Occupation	Name of Employer
retired	retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 05/29/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Newton	Mark		0370

Residential Street Address	City	State	Zip Code
665 Commerce Dr	Fairfield	CT	06825

Principal Occupation	Name of Employer
Managing Director, Head of Technical Strategy	Fundstrat Gobal 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: $100.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 05/30/2026

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Laroche4CT

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Newton	Lisa		0369

Residential Street Address	City	State	Zip Code
665 Commerce Dr	Fairfield	CT	06825

Principal Occupation	Name of Employer
retired	retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 05/30/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Accomando	Robbie		0252

Residential Street Address	City	State	Zip Code
94 Walnut Tree Hill Rd	Sandy Hook	CT	06482

Principal Occupation	Name of Employer
student	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: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 05/31/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
altobelli	elizabeth		0256

Residential Street Address	City	State	Zip Code
76 Country Rd	Fairfield	CT	06824

Principal Occupation	Name of Employer
realtor	william raveis real estate

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 06/01/2026

Aggregate Contributions: $125.00

Last Name	First	MI	Contribution ID #
Pontrelli	Carol		0386

Residential Street Address	City	State	Zip Code
287 Partridge Ln	Fairfield	CT	06824

Principal Occupation	Name of Employer
finance mgr	henkel

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 06/01/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Laroche4CT

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
szablak	judy		0407

Residential Street Address	City	State	Zip Code
309 Marlborough Ter	Fairfield	CT	06825

Principal Occupation	Name of Employer
realtor	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: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 06/01/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Dobrydnio	Rena		0295

Residential Street Address	City	State	Zip Code
11 Abbotts Hill Rd	Newtown	CT	06470

Principal Occupation	Name of Employer
retired	retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 06/01/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Iacono	Pamela		0333

Residential Street Address	City	State	Zip Code
68 Phyfe Rd	Fairfield	CT	06824

Principal Occupation	Name of Employer
homemaker	homemaker

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 06/02/2026

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
Accomando	Danny		0251

Residential Street Address	City	State	Zip Code
94 Walnut Tree Hill Rd	Sandy Hook	CT	06482

Principal Occupation	Name of Employer
student	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: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 06/02/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Laroche4CT

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Ferguson	George	T	0166

Residential Street Address	City	State	Zip Code
15 Mt Nebo Rd	Newtown	CT	06470

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 06/02/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Datin	Michael		0164

Residential Street Address	City	State	Zip Code
10 Fieldstone Dr	Newtown	CT	06470

Principal Occupation	Name of Employer
Owner	Datin Bros 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: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 06/02/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Datin	Cynthia	M	0163

Residential Street Address	City	State	Zip Code
10 Fieldstone Dr	Newtown	CT	06470

Principal Occupation	Name of Employer
secretary	Datin Bros 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: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 06/02/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Miller-Jones	Sean		0364

Residential Street Address	City	State	Zip Code
4A Turkey Roost Rd	Sandy Hook	CT	06482

Principal Occupation	Name of Employer
Sales	Depuy Synthes

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 06/03/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Laroche4CT

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Anderson	Matt		0257

Residential Street Address	City	State	Zip Code
49 Taunton Hill Rd	Newtown	CT	06470

Principal Occupation	Name of Employer
Editor	Zoom

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 06/03/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Foncello	Martin		0304

Residential Street Address	City	State	Zip Code
11 Drover Rd	Brookfield	CT	06804

Principal Occupation	Name of Employer
State Representative	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: $100.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 06/03/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
MacGuffie	Adrienne		0357

Residential Street Address	City	State	Zip Code
144 Mayweed Rd	Fairfield	CT	06824

Principal Occupation	Name of Employer
retired	retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $70.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 06/03/2026

Aggregate Contributions: $290.00

Last Name	First	MI	Contribution ID #
Lindstrom	Alisha		0351

Residential Street Address	City	State	Zip Code
2 Castle Ln	Newtown	CT	06470

Principal Occupation	Name of Employer
Executive assistant	Blue star families

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $15.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 06/03/2026

Aggregate Contributions: $15.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Laroche4CT

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Stabell	Joshua		0403

Residential Street Address	City	State	Zip Code
50 Poverty Hollow Rd	Newtown	CT	06470

Principal Occupation	Name of Employer
Driver	WB Mason

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 06/03/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Robertson	Tiffany		0390

Residential Street Address	City	State	Zip Code
50 Poverty Hollow Rd	Newtown	CT	06470

Principal Occupation	Name of Employer
Fiduciary Strategist	KeyBank

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 06/03/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Roussas	Nick		0392

Residential Street Address	City	State	Zip Code
38 Maltbie Rd	Newtown	CT	06470

Principal Occupation	Name of Employer
Owner	Frankie's Diner

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 06/04/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Mordente	Anthony		0368

Residential Street Address	City	State	Zip Code
17 Bayberry Ln	Levittown	NY	11756

Principal Occupation	Name of Employer
retired	retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $140.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 06/04/2026

Aggregate Contributions: $340.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Laroche4CT

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Freedman	Zachary		0305

Residential Street Address	City	State	Zip Code
4 Laurel Rd	Newtown	CT	06470

Principal Occupation	Name of Employer
Fitness Staff	YMCA

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 06/04/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Hampton	Ivyi		0319

Residential Street Address	City	State	Zip Code
99 Walnut Tree Hill Rd	Sandy Hook	CT	06482

Principal Occupation	Name of Employer
Student	Sally Beauty Supply

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $30.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 06/05/2026

Aggregate Contributions: $30.00

Last Name	First	MI	Contribution ID #
Hampton	Dominick		0318

Residential Street Address	City	State	Zip Code
99 Walnut Tree Hill Rd	Sandy Hook	CT	06482

Principal Occupation	Name of Employer
Student	Caraluzzi

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $30.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 06/05/2026

Aggregate Contributions: $30.00

Last Name	First	MI	Contribution ID #
Hostetler	Ken		0329

Residential Street Address	City	State	Zip Code
39 Currituck Rd	Newtown	CT	06470

Principal Occupation	Name of Employer
retired	retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 06/05/2026

Aggregate Contributions: $20.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Laroche4CT

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Hostetler	Ken		0328

Residential Street Address	City	State	Zip Code
39 Currituck Rd	Newtown	CT	06470

Principal Occupation	Name of Employer
retired	retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 06/05/2026

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
Canfield	Erica		0275

Residential Street Address	City	State	Zip Code
7 Fox Run Ln S	Newtown	CT	06470

Principal Occupation	Name of Employer
Registrar of Voters	Town of Newtown

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $12.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 06/05/2026

Aggregate Contributions: $62.00

Last Name	First	MI	Contribution ID #
Pettinella	Chris		0381

Residential Street Address	City	State	Zip Code
69 Old Church Hill Rd	Trumbull	CT	06611

Principal Occupation	Name of Employer
Owner	CA Landscaping

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $130.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 06/06/2026

Aggregate Contributions: $130.00

Last Name	First	MI	Contribution ID #
Ochs	William		0375

Residential Street Address	City	State	Zip Code
31 Old Hawleyville Rd	Bethel	CT	06801

Principal Occupation	Name of Employer
Sales Director	BentiveIQ

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 06/10/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Jarvis	Jennifer		0337

Residential Street Address	City	State	Zip Code
52 Old Hawleyville Rd	Bethel	CT	06801

Principal Occupation	Name of Employer
Administrative	Grace Family Church

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received	Aggregate Contributions
06/10/2026	$50.00

Last Name	First	MI	Contribution ID #
Braun	Kathryn		0271

Residential Street Address	City	State	Zip Code
245 Sunnyridge Ave	Fairfield	CT	06824

Principal Occupation	Name of Employer
Lawyer	Kathryn L Braun 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: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received	Aggregate Contributions
06/10/2026	$25.00

Last Name	First	MI	Contribution ID #
Chory	Loretta		0281

Residential Street Address	City	State	Zip Code
18 Brookside Ct	Newtown	CT	06470

Principal Occupation	Name of Employer
retired	retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received	Aggregate Contributions
06/10/2026	$25.00

Last Name	First	MI	Contribution ID #
benson	dana		0265

Residential Street Address	City	State	Zip Code
1120 S Hayworth Ave	Los Angeles	CA	90035

Principal Occupation	Name of Employer
investment banker	Weild and Co Inc.

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received	Aggregate Contributions
06/10/2026	$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Boczar	David		0267

Residential Street Address	City	State	Zip Code
6 Newman Dr	Easton	CT	06612

Principal Occupation	Name of Employer
financial planner	Emerald Wealth Advisors

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 06/11/2026

Aggregate Contributions: $30.00

Last Name	First	MI	Contribution ID #
Monsarrat	Grant		0367

Residential Street Address	City	State	Zip Code
370 N Park Ave	Easton	CT	06612

Principal Occupation	Name of Employer
retired	retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 06/11/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Improta	Susan		0335

Residential Street Address	City	State	Zip Code
11 Highview Ter	Bethel	CT	06801

Principal Occupation	Name of Employer
Insurance Agent	Underwriters, Inc.

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 06/11/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Improta	Philip		0334

Residential Street Address	City	State	Zip Code
11 Highview Ter	Bethel	CT	06801

Principal Occupation	Name of Employer
Electrician	C&D Custom Electrical, LLC

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 06/11/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Laroche4CT

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Fritz-Bolinsky	Luisa		0427

Residential Street Address	City	State	Zip Code
3 Wiley Ln	Newtown	CT	06470

Principal Occupation	Name of Employer
retired	retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 06/11/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
OBrien	Gerard		0374

Residential Street Address	City	State	Zip Code
80 Dogwood Dr	Easton	CT	06612

Principal Occupation	Name of Employer
retired	retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 06/13/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Davis	Leah		0290

Residential Street Address	City	State	Zip Code
96 Ludlowe Rd	Fairfield	CT	06824

Principal Occupation	Name of Employer
Human Resources exec	Warner Music 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: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 06/14/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Greenwald	Ellen		0314

Residential Street Address	City	State	Zip Code
127 Orchard Hill Ln	Fairfield	CT	06824

Principal Occupation	Name of Employer
retired	retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 06/17/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Laroche4CT

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Silva	Courtney		0165

Residential Street Address	City	State	Zip Code
9 Eagle Rock Hill Rd	Bethel	CT	06801

Principal Occupation	Name of Employer
Manager	Airgas

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 06/18/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
LEMIRE	Laura		0350

Residential Street Address	City	State	Zip Code
47 Hawleyville Rd	Bethel	CT	06801

Principal Occupation	Name of Employer
Inside Sales Specialist	Airgas

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 06/19/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Sorfozo	Kristina		0400

Residential Street Address	City	State	Zip Code
25 Drewberrie Ln	Easton	CT	06612

Principal Occupation	Name of Employer
Therapist	Internal Wellness

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 06/19/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Gladden	Mary		0310

Residential Street Address	City	State	Zip Code
196 Southport Woods Dr	Southport	CT	06890

Principal Occupation	Name of Employer
retired	retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 06/21/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Laroche4CT

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Alianiello	Janine		0253

Residential Street Address	City	State	Zip Code
85 Northfield Rd	Fairfield	CT	06824

Principal Occupation	Name of Employer
Preschool	The nest

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received	Aggregate Contributions
06/21/2026	$10.00

Last Name	First	MI	Contribution ID #
Carter	Dan		0278

Residential Street Address	City	State	Zip Code
14 Katrina Cir	Bethel	CT	06801

Principal Occupation	Name of Employer
First Selectman	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: $50.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received	Aggregate Contributions
06/24/2026	$50.00

Last Name	First	MI	Contribution ID #
Widmann	James		0419

Residential Street Address	City	State	Zip Code
74 Hattertown Rd	Newtown	CT	06470

Principal Occupation	Name of Employer
Inventor	Connecticut Pyro Manufacturing

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received	Aggregate Contributions
06/24/2026	$25.00

Last Name	First	MI	Contribution ID #
Widmann	Constance		0418

Residential Street Address	City	State	Zip Code
74 Hattertown Rd	Newtown	CT	06470

Principal Occupation	Name of Employer
Realtor	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: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received	Aggregate Contributions
06/24/2026	$175.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Landau	Jennifer		0345

Residential Street Address	City	State	Zip Code
13 Wiley Ln	Newtown	CT	06470

Principal Occupation	Name of Employer
retired	retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 06/25/2026

Aggregate Contributions: $105.00

Last Name	First	MI	Contribution ID #
Jordan	Kate		0426

Residential Street Address	City	State	Zip Code
88 Old Hawleyville Rd	Bethel	CT	06801

Principal Occupation	Name of Employer
Skincare/Color consultant	Self-Kate Jordan

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 06/27/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Hau	Emily	E	0428

Residential Street Address	City	State	Zip Code
55 Elm St	Fairfield	CT	06824

Principal Occupation	Name of Employer
Executive	Yale University

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 06/30/2026

Aggregate Contributions: $5.00

Total of Section B	**$10,743.00**
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Total on Line 14, Column A of Summary Page)*	**$10,743.00**

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Amendment

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
Laroche4CT	July 10 Filing - Amendment

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
Laroche4CT	July 10 Filing - Amendment

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
Laroche4CT	July 10 Filing - Amendment

E. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)

Date of Receipt	Method of Payment Cash Personal Check Credit/Debit Card	Amount
	Total of Section E	

I. Monetary Receipts (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Laroche4CT	July 10 Filing - Amendment

G. Interest from Deposits in Authorized Accounts

Name of Institution	Street Address	City	State	Zip Code	Date Received	Amount
Newtown Savings Bank	32 Church Hill Rd	Newtown	CT	06470	04/30/2026	$1.03
Newtown Savings Bank	32 Church Hill Rd	Newtown	CT	06470	05/29/2026	$1.33
Newtown Savings Bank	32 Church Hill Rd	Newtown	CT	06470	06/30/2026	$1.86
					Total of Section G	**$4.22**

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Laroche4CT	July 10 Filing - Amendment

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
Laroche4CT	July 10 Filing - Amendment

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
Laroche4CT	July 10 Filing - Amendment

J1. Event Information

Event # / Date of Event	Letter	Description	Was this a fundraising event?
04/30/2026	A	Cocktail Event	[X] Yes [ ] No

Location: Street Address	City	State	Zip Code
111 Black Rock Tpke	Fairfield	CT	06824

Was this event hosted at a personal residence?	[ ] Yes [X] 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 [X] 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 [X] 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
Laroche4CT	July 10 Filing - Amendment

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
Laroche4CT	July 10 Filing - Amendment

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
Laroche4CT	July 10 Filing - Amendment

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
Laroche4CT	July 10 Filing - Amendment

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
Laroche4CT	July 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot	04/01/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	New Orleans	LA	70112

Purpose of Expendit	Description	Amount
WEB	Anedot Processing Fees	$5.90

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
Anedot	04/02/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	New Orleans	LA	70112

Purpose of Expendit	Description	Amount
WEB	Anedot Processing Fees	$1.30

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
Elicit Brewing Company - Fairfield	04/02/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
111 Black Rock Tpke	Fairfield	CT	06824

Purpose of Expendit	Description	Amount
FOOD	This expense is a deposit for an event the campaign was holding on 4/30/26	$250.00

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		04302026A

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot	04/03/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	New Orleans	LA	70112

Purpose of Expendit	Description	Amount
WEB	Anedot Processing Fees	$9.30

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
Anedot	04/06/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	New Orleans	LA	70112

Purpose of Expendit	Description	Amount
WEB	Anedot Processing Fees	$5.60

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
Anedot	04/07/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	New Orleans	LA	70112

Purpose of Expendit	Description	Amount
WEB	Anedot Processing Fees	$2.20

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot	04/09/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	New Orleans	LA	70112

Purpose of Expendit	Description	Amount
WEB	Anedot Processing Fees	

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			$1.30

Name of Payee	Date of Payment	Method of Payment
Anedot	04/13/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	New Orleans	LA	70112

Purpose of Expendit	Description	Amount
WEB	Anedot Processing Fees	

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			$1.30

Name of Payee	Date of Payment	Method of Payment
Anedot	04/14/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	New Orleans	LA	70112

Purpose of Expendit	Description	Amount
WEB	Anedot Processing Fees	

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			$1.30

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot	04/16/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	New Orleans	LA	70112

Purpose of Expendit	Description	Amount
WEB	Anedot Processing Fees	$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	Date of Payment	Method of Payment
Anedot	04/18/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	New Orleans	LA	70112

Purpose of Expendit	Description	Amount
WEB	Anedot Processing Fees	$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	Date of Payment	Method of Payment
Anedot	04/19/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	New Orleans	LA	70112

Purpose of Expendit	Description	Amount
WEB	Anedot Processing Fees	$4.80

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
Laroche4CT	July 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot	04/21/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	New Orleans	LA	70112

Purpose of Expendit	Description	Amount
WEB	Anedot Processing Fees	$13.50

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
Anedot	04/24/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	New Orleans	LA	70112

Purpose of Expendit	Description	Amount
WEB	Anedot Processing Fees	$6.60

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
Anedot	04/25/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	New Orleans	LA	70112

Purpose of Expendit	Description	Amount
WEB	Anedot Processing Fees	$4.30

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot	04/26/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	New Orleans	LA	70112

Purpose of Expendit	Description	Amount
WEB	Anedot Processing Fees	$3.60

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
Anedot	04/27/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	New Orleans	LA	70112

Purpose of Expendit	Description	Amount
WEB	Anedot Processing Fees	$3.60

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
Anedot	04/28/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	New Orleans	LA	70112

Purpose of Expendit	Description	Amount
WEB	Anedot Processing Fees	$20.80

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot	04/29/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	New Orleans	LA	70112

Purpose of Expendit	Description	Amount
WEB	Anedot Processing Fees	$10.50

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	Date of Payment	Method of Payment
Anedot	04/30/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	New Orleans	LA	70112

Purpose of Expendit	Description	Amount
WEB	Anedot Processing Fees	$46.20

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	Date of Payment	Method of Payment
Bob MacGuffie	04/30/2026	☒ Check # 109 ☐ Debit Card ☐ EFT

Street Address	City	State	Zip Code
144 Mayweed Rd	Fairfield	CT	06824

Purpose of Expendit	Description	Amount
RMB	Balloons printed with Amybeth Laroche's name as well as plain ones for event at Elicit	$102.73

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 #: 04302026A

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
John Zachos	05/01/2026	[X] Check # 108 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
52 Elm Dr	Newtown	CT	06470

Purpose of Expendit	Description	Amount
RMB	Reimburse John for the food bill at our Elicit event. The bank wouldn't accept the debit card transaction since the amount was too high.	$2,485.09

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		04302026A

Name of Payee	Date of Payment	Method of Payment
Anedot	05/02/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	New Orleans	LA	70112

Purpose of Expendit	Description	Amount
WEB	Anedot Processing Fees	$3.60

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
Anedot	05/03/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	New Orleans	LA	70112

Purpose of Expendit	Description	Amount
WEB	Anedot Processing Fees	$3.60

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
Laroche4CT	July 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot	05/04/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	New Orleans	LA	70112

Purpose of Expendit	Description	Amount
WEB	Anedot Processing Fees	

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			$2.40

Name of Payee	Date of Payment	Method of Payment
Anedot	05/06/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	New Orleans	LA	70112

Purpose of Expendit	Description	Amount
WEB	Anedot Processing Fees	

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			$5.60

Name of Payee	Date of Payment	Method of Payment
Anedot	05/07/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	New Orleans	LA	70112

Purpose of Expendit	Description	Amount
WEB	Anedot Processing Fees	

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			$1.30

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot	05/09/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	New Orleans	LA	70112

Purpose of Expendit	Description	Amount
WEB	Anedot Processing Fees	

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			$0.50

Name of Payee	Date of Payment	Method of Payment
Anedot	05/10/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	New Orleans	LA	70112

Purpose of Expendit	Description	Amount
WEB	Anedot Processing Fees	

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			$19.84

Name of Payee	Date of Payment	Method of Payment
Anedot	05/11/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	New Orleans	LA	70112

Purpose of Expendit	Description	Amount
WEB	Anedot Processing Fees	

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			$1.40

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Staples	05/12/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
67 Newtown Rd Ste 7	Danbury	CT	06810

Purpose of Expendit	Description	Amount
OFFICE	Printer paper for printing checks and contribution forms; envelopes for mailing bills and correspondence	$28.27

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
Anedot	05/13/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	New Orleans	LA	70112

Purpose of Expendit	Description	Amount
WEB	Anedot Processing Fees	$17.20

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
Anedot	05/14/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	New Orleans	LA	70112

Purpose of Expendit	Description	Amount
WEB	Anedot Processing Fees	$11.30

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot	05/15/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	New Orleans	LA	70112

Purpose of Expendit	Description	Amount
WEB	Anedot Processing Fees	$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 #:

Name of Payee	Date of Payment	Method of Payment
Proforma	05/16/2026	☒ Check # 110 ☐ Debit Card ☐ EFT

Street Address	City	State	Zip Code
PO Box 640814	Cincinnati	OH	45264-0814

Purpose of Expendit	Description	Amount
A-SIGN	10 Full Color Lawn Signs with Heavy Duty Stakes	$147.82

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Newown Savings Bank	05/16/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
39 Main St	Newtown	CT	06470

Purpose of Expendit	Description	Amount
BNK	check printing fee	$3.00

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
Laroche4CT	July 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot	05/17/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	New Orleans	LA	70112

Purpose of Expendit	Description	Amount
WEB	Anedot Processing Fees	$5.60

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
Anedot	05/19/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	New Orleans	LA	70112

Purpose of Expendit	Description	Amount
WEB	Anedot Processing Fees	$8.40

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
Anedot	05/20/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	New Orleans	LA	70112

Purpose of Expendit	Description	Amount
WEB	Anedot Processing Fees	$4.80

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot	05/21/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	New Orleans	LA	70112

Purpose of Expendit	Description	Amount
WEB	Anedot Processing Fees	$22.70

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	Date of Payment	Method of Payment
Anedot	05/22/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	New Orleans	LA	70112

Purpose of Expendit	Description	Amount
WEB	Anedot Processing Fees	$20.90

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	Date of Payment	Method of Payment
Anedot	05/23/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	New Orleans	LA	70112

Purpose of Expendit	Description	Amount
WEB	Anedot Processing Fees	$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
Laroche4CT	July 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot	05/24/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	New Orleans	LA	70112

Purpose of Expendit	Description	Amount
WEB	Anedot Processing Fees	$3.50

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	Date of Payment	Method of Payment
Anedot	05/25/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	New Orleans	LA	70112

Purpose of Expendit	Description	Amount
WEB	Anedot Processing Fees	$5.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Anedot	05/26/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	New Orleans	LA	70112

Purpose of Expendit	Description	Amount
WEB	Anedot Processing Fees	$8.60

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
Laroche4CT	July 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot	05/27/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	New Orleans	LA	70112

Purpose of Expendit	Description	Amount
WEB	Anedot Processing Fees	

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			$1.30

Name of Payee	Date of Payment	Method of Payment
Anedot	05/28/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	New Orleans	LA	70112

Purpose of Expendit	Description	Amount
WEB	Anedot Processing Fees	

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			$1.30

Name of Payee	Date of Payment	Method of Payment
NameBadge.com	05/28/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
12240 SW 53rd St	Cooper City	FL	33330

Purpose of Expendit	Description	Amount
Misc *	Name badge for Amybeth Laroche	

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			$29.83

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot	05/29/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	New Orleans	LA	70112

Purpose of Expendit	Description	Amount
WEB	Anedot Processing Fees	$4.30

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
Anedot	05/30/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	New Orleans	LA	70112

Purpose of Expendit	Description	Amount
WEB	Anedot Processing Fees	$6.60

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
Anedot	05/31/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	New Orleans	LA	70112

Purpose of Expendit	Description	Amount
WEB	Anedot Processing Fees	$0.50

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot	06/01/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	New Orleans	LA	70112

Purpose of Expendit	Description	Amount
WEB	Anedot Processing Fees	

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			$5.60

Name of Payee	Date of Payment	Method of Payment
Anedot	06/02/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	New Orleans	LA	70112

Purpose of Expendit	Description	Amount
WEB	Anedot Processing Fees	

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			$1.20

Name of Payee	Date of Payment	Method of Payment
Anedot	06/03/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	New Orleans	LA	70112

Purpose of Expendit	Description	Amount
WEB	Anedot Processing Fees	

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			$12.90

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot	06/04/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	New Orleans	LA	70112

Purpose of Expendit	Description	Amount
WEB	Anedot Processing Fees	$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	Date of Payment	Method of Payment
Anedot	06/05/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	New Orleans	LA	70112

Purpose of Expendit	Description	Amount
WEB	Anedot Processing Fees	$5.18

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Anedot	06/06/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	New Orleans	LA	70112

Purpose of Expendit	Description	Amount
WEB	Anedot Processing Fees	$5.50

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
Laroche4CT	July 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot	06/10/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	New Orleans	LA	70112

Purpose of Expendit	Description	Amount
WEB	Anedot Processing Fees	

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			$6.50

Name of Payee	Date of Payment	Method of Payment
Anedot	06/11/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	New Orleans	LA	70112

Purpose of Expendit	Description	Amount
WEB	Anedot Processing Fees	

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			$6.20

Name of Payee	Date of Payment	Method of Payment
Anedot	06/13/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	New Orleans	LA	70112

Purpose of Expendit	Description	Amount
WEB	Anedot Processing Fees	

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			$1.30

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot	06/14/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	New Orleans	LA	70112

Purpose of Expendit	Description	Amount
WEB	Anedot Processing Fees	

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			$0.50

Name of Payee	Date of Payment	Method of Payment
Anedot	06/17/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	New Orleans	LA	70112

Purpose of Expendit	Description	Amount
WEB	Anedot Processing Fees	

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			$0.50

Name of Payee	Date of Payment	Method of Payment
Anedot	06/19/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	New Orleans	LA	70112

Purpose of Expendit	Description	Amount
WEB	Anedot Processing Fees	

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			$1.20

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot	06/21/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	New Orleans	LA	70112

Purpose of Expendit	Description	Amount
WEB	Anedot Processing Fees	

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			$1.20

Name of Payee	Date of Payment	Method of Payment
Anedot	06/24/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	New Orleans	LA	70112

Purpose of Expendit	Description	Amount
WEB	Anedot Processing Fees	

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			$4.90

Name of Payee	Date of Payment	Method of Payment
Amybeth Laroche	06/24/2026	☒ Check # 111 ☐ Debit Card ☐ EFT

Street Address	City	State	Zip Code
12 Elana Ln	Sandy Hook	CT	06482

Purpose of Expendit	Description	Amount
RMB	Reimburse Amybeth for postage she incurred mailing information to Secretary of State	

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			$35.90

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Toriana Sauro	06/25/2026	[X] Check # 113 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
18 Kitchawan Rd	Pound Ridge	NY	10576

Purpose of Expendit	Description	Amount
CNSLT	Primarily preparing videos, photos and content for social media	$470.10

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
Proforma	06/25/2026	[X] Check # 112 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
PO Box 640814	Cincinnati	OH	45264-0814

Purpose of Expendit	Description	Amount
A-OTH	500 Full Color Buttons	$582.69

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No
If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):
Event #:

Name of Payee	Date of Payment	Method of Payment
Anedot	06/25/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	New Orleans	LA	70112

Purpose of Expendit	Description	Amount
WEB	Anedot Processing Fees	$2.50

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No
If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):
Event #:

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Newtown Community Center	06/29/2026	[X] Check # 114 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
8 Simpson St	Newtown	CT	06470

Purpose of Expendit	Description	Amount
Misc *	Rental of room at Newtown Community Center for Campaign Leadership Meeting	$50.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Adrienna MacGuffie	06/30/2026	[X] Check # 701 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
144 Mayweed Rd	Fairfield	CT	06824

Purpose of Expendit	Description	Amount
REF	Refund cash donation of $100 max ID#231	$20.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
James Pendergast	06/30/2026	[X] Check # 702 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
19 Riverside Rd	Sandy Hook	CT	

Purpose of Expendit	Description	Amount
REF	max donation $30 for youth ID#183	$20.00

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
Laroche4CT	July 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Chris Sell	06/30/2026	[X] Check # 703 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
46 Benedict Rd	Bethel	CT	06801

Purpose of Expendit	Description	Amount
REF	refund contribution (replaced with new check) ID#204	$25.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Dom Pasquarella	06/30/2026	[X] Check # 706 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
15 Butterfield Rd	Newtown	CT	06470

Purpose of Expendit	Description	Amount
RMB	Reimburse staff-incurred expense (pizza)	$103.38

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
Bob MacGuffie	06/30/2026	[X] Check # 707 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
144 Mayweed Rd	Fairfield	CT	06824

Purpose of Expendit	Description	Amount
RMB	Reimburse staff-incurred expense (balloons)	$128.68

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
Laroche4CT	July 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Adrienna MacGuffie	06/30/2026	[X] Check # 708 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
144 Mayweed Rd	Fairfield	CT	06824

Purpose of Expendit	Description	Amount
RMB	Reimburse staff-incurred expense (ballonns, napkins, bubbles)	

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			$187.78

Name of Payee	Date of Payment	Method of Payment
~~Amybeth Laroche~~	~~06/30/2026~~	[X] Check # ~~709~~ [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
~~12 Elana Ln~~	~~Sandy Hook~~	~~CT~~	~~06482~~

Purpose of Expendit	Description	Amount
~~RMB~~	~~reimburse candidate incurred expense (includes EFV)~~	

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			~~$696.63~~

Name of Payee	Date of Payment	Method of Payment
Amybeth Laroche	**06/30/2026**	[X] Check # **711** [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
12 Elana Ln	**Sandy Hook**	**CT**	**06482**

Purpose of Expendit	Description	Amount
RMB	**reimburse candidate incurred expense (includes EFV)**	

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			**$384.33**

Total of Section N	**$5,430.42**

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Amendment

O. Expenses Paid By Candidate

Name of Payee (Name of vendor who candidate paid directly)	Date of Payment	Is Reimbursement Claimed?
USPS	05/23/2026	[X] Yes [ ] No

Street Address	City	State	Zip Code	Amount
5 Commerce Rd	Newtown	CT	06470	

Purpose of Expenditure (by code)	Description	Event #	Amount
POST	Sending paperwork to Secretary of State via Priority Mail Express		$35.90

Name of Payee (Name of vendor who candidate paid directly)	Date of Payment	Is Reimbursement Claimed?
~~CTGOP~~	~~05/23/2026~~	[~~X~~] Yes [ ] No

Street Address	City	State	Zip Code	Amount
~~98 Washington St~~	~~Middletown~~	~~CT~~	~~06082~~	

Purpose of Expenditure (by code)	Description	Event #	Amount
~~CNTRB~~	~~CTGOP Bush Dinner attendance~~		~~$312.30~~

Name of Payee (Name of vendor who candidate paid directly)	Date of Payment	Is Reimbursement Claimed?
Dunkin Donuts	06/21/2026	[X] Yes [ ] No

Street Address	City	State	Zip Code	Amount
6 Queen St	Newtown	CT	06470	

Purpose of Expenditure (by code)	Description	Event #	Amount
FOOD	donuts, coffee (Families Biggest Playday)		$103.59

Name of Payee (Name of vendor who candidate paid directly)	Date of Payment	Is Reimbursement Claimed?
Amazon	06/23/2026	[X] Yes [ ] No

Street Address	City	State	Zip Code	Amount
1600 Amphitheatre Pkwy	Mountain View	CA	94043	

Purpose of Expenditure (by code)	Description	Event #	Amount
Misc *	bubble machine		$30.83

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Amendment

O. Expenses Paid By Candidate

Name of Payee (Name of vendor who candidate paid directly)	Date of Payment	Is Reimbursement Claimed?
The Food Emporium	06/27/2026	[X] Yes [ ] No

Street Address	City	State	Zip Code	Amount
731 Brookfield Rd	Brookfield	CT	06804	

Purpose of Expenditure (by code)	Description	Event #	Amount
FOOD	water bottles		$21.00

Name of Payee (Name of vendor who candidate paid directly)	Date of Payment	Is Reimbursement Claimed?
Dunkin Donuts	06/28/2026	[X] Yes [ ] No

Street Address	City	State	Zip Code	Amount
77 S Main St	Southbury	CT	06488	

Purpose of Expenditure (by code)	Description	Event #	Amount
FOOD	donuts (Families Biggest Playday)		$99.22

Name of Payee (Name of vendor who candidate paid directly)	Date of Payment	Is Reimbursement Claimed?
Walmart.com	06/28/2026	[X] Yes [ ] No

Street Address	City	State	Zip Code	Amount
702 SW 8th St	Bentenville	AK	72716	

Purpose of Expenditure (by code)	Description	Event #	Amount
EFV *	pop-up canapy tent		$95.70

Name of Payee (Name of vendor who candidate paid directly)	Date of Payment	Is Reimbursement Claimed?
Trader Joe's	06/29/2026	[X] Yes [ ] No

Street Address	City	State	Zip Code	Amount
113 Mill Plain Rd	Danbury	CT	06811-3443	

Purpose of Expenditure (by code)	Description	Event #	Amount
Gift *	outgoing treasurer flowers		$33.99

Total of Section O	$420.23

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Amendment

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
Laroche4CT	July 10 Filing - Amendment

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
Laroche4CT	July 10 Filing - Amendment

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:
MacGuffie	Adrienna		03/18/2026	[X] Check # 708 [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: Amazon

Street Address of Vendor	City	State	Zip Code
410 Terry Ave N	Seattle	WA	98109

Purpose of Expenditure (by code)	Description
Misc *	napkins

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			$8.85

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
MacGuffie	Adrienna		03/30/2026	[X] Check # 708 [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: Amazon

Street Address of Vendor	City	State	Zip Code
410 Terry Ave N	Seattle	WA	98109

Purpose of Expenditure (by code)	Description
Misc *	napkins

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			$8.74

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Amendment

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:
MacGuffie	Bob		04/21/2026	[X] Check # 109 [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: Netbrands Media Corp

Street Address of Vendor	City	State	Zip Code
14550 Beechnut St	Houston	TX	77083

Purpose of Expenditure (by code)	Description
Misc *	logo'd balloons; plain balloons

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		04302026A	$77.42

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
MacGuffie	Bob		04/29/2026	[X] Check # 109 [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: Staples

Street Address of Vendor	City	State	Zip Code
1201 Kings Hwy	Fairfield	CT	06824

Purpose of Expenditure (by code)	Description
Misc *	logo'd balloons for 4/30/26 Elicit event

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		04302026A	$25.31

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Amendment

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:
MacGuffie	Adrienna		04/29/2026	[X] Check # 708 [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: Staples

Street Address of Vendor	City	State	Zip Code
1201 Kings Hwy	Fairfield	CT	06824

Purpose of Expenditure (by code)	Description
Misc *	balloons

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			$25.31

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Zachos	John		04/30/2026	[X] Check # 108 [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: Elicit Brewing Fairfield

Street Address of Vendor	City	State	Zip Code
111 Black Rock Tpke	Fairfield	CT	06824

Purpose of Expenditure (by code)	Description
FOOD	food for fundraising cocktail event

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		04302026A	$2,485.09

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Amendment

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:
MacGuffie	Bob		05/18/2026	[X] Check # 707 [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: 24 Hour Wristbands.com

Street Address of Vendor	City	State	Zip Code
14550 Beechnut St	Houston	TX	77083

Purpose of Expenditure (by code)	Description
A-OTH	logo'd balloons

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			$128.68

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
MacGuffie	Adrienna		05/21/2026	[X] Check # 708 [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: Amazon

Street Address of Vendor	City	State	Zip Code
410 Terry Ave N	Seattle	WA	98109

Purpose of Expenditure (by code)	Description
Misc *	balloon tying device

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			$6.69

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Amendment

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:
Laroche	Amybeth		05/23/2026	[X] Check # 111 [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: USPS

Street Address of Vendor	City	State	Zip Code
5 Commerce Rd	Newtown	CT	06470

Purpose of Expenditure (by code)	Description
POST	Postage to mail package to CT Secretary of State via Priority Mail Express

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			$35.90

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
MacGuffie	Adrienna		06/02/2026	[X] Check # 708 [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: Amazon

Street Address of Vendor	City	State	Zip Code
410 Terry Ave N	Seattle	WA	98109

Purpose of Expenditure (by code)	Description
Misc *	bubble bottles

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			$53.15

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Amendment

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:
MacGuffie	Adrienna		06/03/2026	[X] Check # 708 [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: Amazon

Street Address of Vendor	City	State	Zip Code
410 Terry Ave N	Seattle	WA	98109

Purpose of Expenditure (by code)	Description
Misc *	bubble machine blower

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and completes Itemization in Addendum R			$31.89

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
MacGuffie	Adrienna		06/16/2026	[X] Check # 708 [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: Amazon

Street Address of Vendor	City	State	Zip Code
410 Terry Ave N	Seattle	WA	98109

Purpose of Expenditure (by code)	Description
Misc *	bubble bottles

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			$53.15

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Amendment

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:
Pasquarella	Dom		06/29/2026	[X] Check # 706 [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: Gino's Parlor

Street Address of Vendor	City	State	Zip Code
102 Church Hill Rd	Newtown	CT	06470

Purpose of Expenditure (by code)	Description
FOOD	pizza @ staff meeting

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			$103.38

Total of Section R	**$3,043.56**

IV. EXPENDITURES (Sectuibs N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	July 10 Filing - Amendment

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