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
Thaler Hefel for the 41st	[x] Candidate Committee [ ] Exploratory Committee

3. TREASURER NAME

First	MI	Last	Suffix
Andrew	**J**	**Droney**	

4. TREASURER ADDRESS

Street Address	City	State	Zip Code
1 Victoria Ln	**West Simsbury**	**CT**	**06092**

5. ELECTION DATE	6. OFFICE SOUGHT *(Complete only if Candidate Committee)*	7. DISTRICT NUMBER *(if applicable)*
11/03/2026	**State Representative**	**R041**

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

First	MI	Last	Suffix
Thaler	**J**	**Hefel**	

9. TYPE OF REPORT

July 10 Filing - Original

10. PERIOD COVERED

Beginning Date		Ending Date
05/16/2026	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	**Andrew Droney**	**07/10/2026 2:06:26PM**
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	
Thaler Hefel for the 41st	July 10 Filing - Original	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		**$0.00**
13. Balance on hand at the beginning of Reporting Period	**$0.00**	
14. Contributions received from Individuals (Section A and B)	**$7,160.00**	**$7,160.00**
15. Receipts from Other Committees (Sections C1 and C2)	**$0.00**	**$0.00**
16. Other Monetary Receipts (Section D through I)	**$0.00**	**$0.00**
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	**$0.00**	**$0.00**
18. Total Monetary Receipts (add totals for lines 14 through 17)	**$7,160.00**	**$7,160.00**
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	**$7,160.00**	**$7,160.00**
20. Expenses Paid by Committee (Section N)	**$1,618.51**	**$1,618.51**
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns)	**$5,541.49**	**$5,541.49**
22. In-Kind Donations not Considered Contributions Received (Section J3)	**$0.00**	**$0.00**
23. In-Kind Donations not Considered Contributions - House Party (Section J4)	**$0.00**	**$0.00**
24. In-Kind Contributions Received (Section K)	**$0.00**	**$0.00**
25. Refundable Deposit to Telephone Company (Section L)	**$0.00**	**$0.00**
26. Beginning Loan Balance	**$0.00**	
26a. + Loans Received (Section D)	**$0.00**	**$0.00**
26b. + Interest and Penalties on Loan(s)	**$0.00**	**$0.00**
26c. - Payments on Loan(s)	**$0.00**	**$0.00**
26d. Total Outstanding Loan Amount	**$0.00**	
27. Campaign Expenses Paid By Candidate (Section O)	**$42.24**	**$42.24**
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)	**$45.24**	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	**$45.24**	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Thaler Hefel for the 41st	July 10 Filing - Original

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Grabill	Jennifer	L	0001

Residential Street Address	City	State	Zip Code
16 Riverbend Dr	Mystic	CT	06355

Principal Occupation	Name of Employer
Floor Manager	Mohegan Sun

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

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

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

Amount of Contribution

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

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
05/27/2026	$5.00	$5.00

Last Name	First	MI	Contribution ID #
Smith	Joseph		0002

Residential Street Address	City	State	Zip Code
5 Thompson St	Ledyard	CT	06339

Principal Occupation	Name of Employer
Self-Employed	Mystic Events 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	Aggregate Contributions	Amount of Contribution
05/27/2026	$5.00	$5.00

Last Name	First	MI	Contribution ID #
Droney	Andrew	J	0003

Residential Street Address	City	State	Zip Code
1 Victoria Ln	West Simsbury	CT	06092

Principal Occupation	Name of Employer
Policy Analyst	State of CT

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

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

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

Amount of Contribution

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

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
05/28/2026	$15.00	$15.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Thaler Hefel for the 41st

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Somers	Grace		0004

Residential Street Address	City	State	Zip Code
218 N Water St	Stonington	CT	06378

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: 05/28/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Bond	Hayley		0005

Residential Street Address	City	State	Zip Code
286 Haly Rd	Mystic	CT	06355

Principal Occupation	Name of Employer
General Manager	Bellisimo Grand Hotel

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

If yes, indicate which branch or branches 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: 05/28/2026

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
Sherman	Roger		0006

Residential Street Address	City	State	Zip Code
218 N Water St	Stonington	CT	06378

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: 05/28/2026

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
Somers	Heather		0007

Residential Street Address	City	State	Zip Code
218 N Water St	Stonington	CT	06378

Principal Occupation	Name of Employer
Senator	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 #

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

Date Received: 05/28/2026

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Thaler Hefel for the 41st

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Gibson	Jonathan	A	0008

Residential Street Address	City	State	Zip Code
3 Greenhaven Rd	Pawcatuck	CT	06379

Principal Occupation:

Name of Employer: Retired

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

If yes, indicate which branch or branches 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: 05/28/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Gibson	Nancy	P	0009

Residential Street Address	City	State	Zip Code
3 Greenhaven Rd	Pawcatuck	CT	06379

Principal Occupation:

Name of Employer: Retired

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

If yes, indicate which branch or branches 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: 05/28/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Banker	Michael	J	0010

Residential Street Address	City	State	Zip Code
69 Palmer Neck Rd	Pawcatuck	CT	06379

Principal Occupation: Retired

Name of Employer: Retired

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

If yes, indicate which branch or branches 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: 05/29/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Sved	Liana	M	0011

Residential Street Address	City	State	Zip Code
62 E Main St .	Mystic	CT	06355

Principal Occupation: Physical Therapist

Name of Employer: Revive Physical Therapy

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

If yes, indicate which branch or branches 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: 05/29/2026

Aggregate Contributions: $10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Thaler Hefel for the 41st

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Mashuta	Justin	R	0012

Residential Street Address	City	State	Zip Code
69 Bel Aire Dr	Mystic	CT	06355

Principal Occupation	Name of Employer
Cinematographer	Shuta's Computa's

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

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

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

Amount of Contribution: $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

Last Name	First	MI	Contribution ID #
Droney	Andrew	J	0013

Residential Street Address	City	State	Zip Code
1 Victoria Ln	West Simsbury	CT	06092

Principal Occupation	Name of Employer
Policy Analyst	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: $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: 05/30/2026

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
Mashuta	Rebecca	R	0014

Residential Street Address	City	State	Zip Code
69 Bel Aire Dr	Mystic	CT	06355

Principal Occupation	Name of Employer
Retail Store Owner	Becca Rose Natural Body 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: $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

Last Name	First	MI	Contribution ID #
Mashuta	Robert	A	0015

Residential Street Address	City	State	Zip Code
323 Greenhaven Rd	Pawcatuck	CT	06379

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: 05/30/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Thaler Hefel for the 41st

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Mashuta	Harriet	E	0016

Residential Street Address	City	State	Zip Code
323 Greenhaven Rd	Pawcatuck	CT	06379

Principal Occupation: Retired

Name of Employer: Retired

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

If yes, indicate which branch or branches 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: 05/30/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Bentz	Robin	M	0017

Residential Street Address	City	State	Zip Code
2 Palmer Neck Rd	Pawcatuck	CT	06379

Principal Occupation: Surgical Support Assistant

Name of Employer: Lawrence and Memorial 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: $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: 05/30/2026

Aggregate Contributions: $200.00

Last Name	First	MI	Contribution ID #
Banker	Mary	E	0021

Residential Street Address	City	State	Zip Code
69 Palmer Neck Rd	Pawcatuck	CT	06379

Principal Occupation: Self Employed

Name of Employer: Scientist

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

If yes, indicate which branch or branches 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: 05/30/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Davidson	Janine	S	0022

Residential Street Address	City	State	Zip Code
40 Pearl St	Mystic	CT	06355

Principal Occupation:

Name of Employer: Red Hat 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: 05/31/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Thaler Hefel for the 41st

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Olson	Maxine	N	0018

Residential Street Address	City	State	Zip Code
41 Greenhaven Rd	Pawcatuck	CT	06379

Principal Occupation: Correctional Officer

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: 05/31/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Davidson	Steven	R	0019

Residential Street Address	City	State	Zip Code
40 Pearl St	Mystic	CT	06825

Principal Occupation: Retired

Name of Employer: Retired

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

If yes, indicate which branch or branches 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: 05/31/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Morin	Shane		0020

Residential Street Address	City	State	Zip Code
41 Pearl St	Mystic	CT	06355

Principal Occupation: Sales

Name of Employer: Short's Travel Mgmt

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

If yes, indicate which branch or branches 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: 05/31/2026

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
Shinbrot	Mitchell	A	0023

Residential Street Address	City	State	Zip Code
116 Dartmouth Dr	Mystic	CT	06355

Principal Occupation: Retired

Name of Employer: Retired

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

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

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

Amount of Contribution: $20.00

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

If yes, list Event #

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

Date Received: 06/01/2026

Aggregate Contributions: $20.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Thaler Hefel for the 41st

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Deane-Shinbrot	Susan	E	0024

Residential Street Address	City	State	Zip Code
116 Dartmouth Dr .	Mystic	CT	06355

Principal Occupation:

Name of Employer: Retired

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

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

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

Amount of Contribution: $20.00

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

If yes, list Event #:

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

Date Received: 06/01/2026

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
Freiert	Ben	A	0025

Residential Street Address	City	State	Zip Code
21 Palmer Neck Rd	Pawcatuck	CT	06379

Principal Occupation: Teacher

Name of Employer: Ledyard 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: 06/01/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Freiert	Avery	R	0026

Residential Street Address	City	State	Zip Code
21 Palmer Neck Rd	Pawcatuck	CT	06379

Principal Occupation: Teacher

Name of Employer: Ledyard 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: 06/01/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Lamphere	Charles	H	0027

Residential Street Address	City	State	Zip Code
26 Greenhaven Rd	Pawcatuck	CT	06379

Principal Occupation:

Name of Employer: Retired

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

If yes, indicate which branch or branches 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: 06/02/2026

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Thaler Hefel for the 41st

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Venditti	Kristen	D	0028

Residential Street Address	City	State	Zip Code
91 Shennecossett Pkwy	Groton	CT	06340

Principal Occupation: Administrator

Name of Employer: River Bend Cemetery

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

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

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

Amount of Contribution: $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: 06/02/2026

Aggregate Contributions: $40.00

Last Name	First	MI	Contribution ID #
Lamphere	Donna		0029

Residential Street Address	City	State	Zip Code
26 Greenhaven Rd	Pawcatuck	CT	06379

Principal Occupation:

Name of Employer: Retired

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

If yes, indicate which branch or branches 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 #
Calouro	Linda		0030

Residential Street Address	City	State	Zip Code
7 Elaine St	Pawcatuck	CT	06379

Principal Occupation:

Name of Employer: Retired

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

If yes, indicate which branch or branches 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 #
Terribile	Benjamin	R	0031

Residential Street Address	City	State	Zip Code
24 Lincoln Ave	Pawcatuck	CT	06379

Principal Occupation: Chief of Cybersecurity

Name of Employer: General Dynamics Electric Boat

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

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

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

Amount of Contribution: $6.00

Is this contribution associated with an event 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: $6.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Thaler Hefel for the 41st

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Corey	Matthew	M	0032

Residential Street Address	City	State	Zip Code
181 Center St	Manchester	CT	06040

Principal Occupation	Name of Employer
Manager	McKinnon's 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: $20.00

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

If yes, list Event #

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

Date Received: 06/03/2026

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
Hetzel	Daniel	W	0033

Residential Street Address	City	State	Zip Code
702 Pleasant Valley Rd N Apt 304	Groton	CT	06340

Principal Occupation	Name of Employer
Engineer	Electric Boat

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

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

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

Amount of Contribution: $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: 06/03/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Taylor	Camille		0034

Residential Street Address	City	State	Zip Code
60 Essex St	Mystic	CT	06355

Principal Occupation	Name of Employer
Real Estate Broker	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: $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: 06/03/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Puccio	David	L	0035

Residential Street Address	City	State	Zip Code
19 Mirra Dr	Groton	CT	06340

Principal Occupation	Name of Employer
Manufacturer	Medtronic

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

If yes, indicate which branch or branches 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: 06/03/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Thaler Hefel for the 41st

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Praisner	Martin	J	0036

Residential Street Address	City	State	Zip Code
8405 112th St N Unit 107	Seminole	FL	33772

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: 06/03/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Smith	Lori	A	0037

Residential Street Address	City	State	Zip Code
2 Apple Tree Ln	Mystic	CT	06355

Principal Occupation	Name of Employer
Customer Service	CT DOT

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

If yes, indicate which branch or branches 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: 06/03/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Chase	Kathy	L	0038

Residential Street Address	City	State	Zip Code
146 Indian Field Rd	Groton	CT	06340

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: 06/03/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Stuetzel	Christine		0039

Residential Street Address	City	State	Zip Code
21 Waterhouse Ln	Mystic	CT	06355

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: 06/03/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Thaler Hefel for the 41st

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Antipas	Constantine	G	0040

Residential Street Address	City	State	Zip Code
164 Payer Ln	Mystic	CT	06355

Principal Occupation	Name of Employer
Lawyer	The Antipas 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: $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 #
Barber	Diane	L	0041

Residential Street Address	City	State	Zip Code
144 Sandy Hollow Rd	Mystic	CT	06355

Principal Occupation	Name of Employer
Event Server	Elior

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

If yes, indicate which branch or branches 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 #
Adams	Karin	H	0042

Residential Street Address	City	State	Zip Code
61 Brookside Ln	Groton	CT	06340

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: 06/03/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Garkey	Cynthia	H	0043

Residential Street Address	City	State	Zip Code
107 Morse Ave	Groton	CT	06340

Principal Occupation	Name of Employer
Deputy Registrar	Town of Groton

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

If yes, indicate which branch or branches 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: 06/03/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Thaler Hefel for the 41st

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Conrad	Edmund	A	0044

Residential Street Address	City	State	Zip Code
83 Old Farm Rd	Groton	CT	06340

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: 06/03/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Conrad	Nadine	C	0045

Residential Street Address	City	State	Zip Code
83 Old Farm Rd	Groton	CT	06340

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: 06/03/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Benavides	Robert	B	0046

Residential Street Address	City	State	Zip Code
69 Hunting Ridge Dr	Mystic	CT	06355

Principal Occupation	Name of Employer
Sr. Clinical Pharmacist	Centene

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

If yes, indicate which branch or branches 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 #
Benavides	Elizabeth	R	0047

Residential Street Address	City	State	Zip Code
69 Hunting Ridge Dr	Mystic	CT	06355

Principal Occupation	Name of Employer
Sr. Manager	Momentic Studios

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

If yes, indicate which branch or branches 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

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Thaler Hefel for the 41st

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
DePascale	Michael	T	0048

Residential Street Address	City	State	Zip Code
62 E Main St	Mystic	CT	06355

Principal Occupation: Orthodontists

Name of Employer: Kozlowski, DePascale Orthodontics

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

If yes, indicate which branch or branches 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 #
Ambeau	Joshua		0049

Residential Street Address	City	State	Zip Code
75 Pawcatuck Ave	Pawcatuck	CT	06379

Principal Occupation: Physical Therapist

Name of Employer: Physio 360

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

If yes, indicate which branch or branches 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 #
Ambeau	Emily		0050

Residential Street Address	City	State	Zip Code
75 Pawcatuck Ave	Pawcatuck	CT	06379

Principal Occupation: Social Worker

Name of Employer: Preston Plains 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: $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 #
Goodrich	John	C	0051

Residential Street Address	City	State	Zip Code
74 Irving St	Mystic	CT	06395

Principal Occupation: Sales

Name of Employer: Car Service 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: 06/04/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Thaler Hefel for the 41st

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Barber	Robert	F	0052

Residential Street Address	City	State	Zip Code
144 Sandy Hollow Rd	Mystic	CT	06355

Principal Occupation	Name of Employer
Associate	Aldi's

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

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

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

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

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
06/04/2026	$10.00	$10.00

Last Name	First	MI	Contribution ID #
Parfitt Jr	John	W	0053

Residential Street Address	City	State	Zip Code
32 Saint Paul Ct	Groton	CT	06340

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

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

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
06/04/2026	$5.00	$5.00

Last Name	First	MI	Contribution ID #
Healey	Sean		0054

Residential Street Address	City	State	Zip Code
24 Olivia Ln	Stonington	CT	06378

Principal Occupation	Name of Employer
Analyst	Pfizer

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

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

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

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

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
06/04/2026	$41.00	$41.00

Last Name	First	MI	Contribution ID #
Stamatien	George		0137

Residential Street Address	City	State	Zip Code
18 Greenview Rd	Groton	CT	06340

Principal Occupation	Name of Employer
Police Officer	Town of Stonington

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

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

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

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

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
06/04/2026	$10.00	$10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Thaler Hefel for the 41st

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Stamatien	Jamie		0138

Residential Street Address	City	State	Zip Code
18 Greenview Rd	Groton	CT	06340

Principal Occupation	Name of Employer
Nurse	L+M 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: $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 #
Buxton	Ellen	O	0055

Residential Street Address	City	State	Zip Code
16 High Ridge Dr	Pawcatuck	CT	06379

Principal Occupation	Name of Employer
Unemployed	N/A

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

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

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

Amount of Contribution: $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: 06/06/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Buxton III	Harrison	H	0056

Residential Street Address	City	State	Zip Code
16 High Ridge Dr	Pawcatuck	CT	06379

Principal Occupation	Name of Employer
Investment Advisor	UBS Financial Services 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: $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: 06/06/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Rodriguez	Tammi	J	0057

Residential Street Address	City	State	Zip Code
107 A South Broad St	Pawcatuck	CT	06379

Principal Occupation	Name of Employer
Cashier	Wildside Market

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

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

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

Amount of Contribution: $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: 06/07/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Thaler Hefel for the 41st

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Ference	Josh		0058

Residential Street Address	City	State	Zip Code
1 Marlin Dr	Pawcatuck	CT	06379

Principal Occupation	Name of Employer
Outboard technician	PMW marine

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

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

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

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

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
06/07/2026	$20.00	$20.00

Last Name	First	MI	Contribution ID #
Holt	Heidi		0059

Residential Street Address	City	State	Zip Code
16 Rossi Ave ,	Pawcatuck	CT	06379

Principal Occupation	Name of Employer
Sales	Hi Tech Profiles

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

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

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

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

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
06/07/2026	$10.00	$10.00

Last Name	First	MI	Contribution ID #
Granfield	Megan		0060

Residential Street Address	City	State	Zip Code
63 Hunting Ridge Dr	Mystic	CT	06355

Principal Occupation	Name of Employer
Contracts specialist	Lockheed Martin

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

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

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

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

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
06/08/2026	$10.00	$10.00

Last Name	First	MI	Contribution ID #
Desmarais	James		0061

Residential Street Address	City	State	Zip Code
63 Hunting Ridge Dr	Mystic	CT	06355

Principal Occupation	Name of Employer
Attorney	State of Rhode Island

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

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

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

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

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
06/08/2026	$10.00	$10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Thaler Hefel for the 41st

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Wojeck	Jul		0062

Residential Street Address	City	State	Zip Code
14 Crooked Rd	Stonington	CT	06378

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	Aggregate Contributions
06/08/2026	$10.00

Last Name	First	MI	Contribution ID #
Gumpel	Joy		0063

Residential Street Address	City	State	Zip Code
22 Greenhaven Rd	Stonington	CT	06379

Principal Occupation	Name of Employer
Marine Center	NY

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

If yes, indicate which branch or branches 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
06/08/2026	$50.00

Last Name	First	MI	Contribution ID #
Antoch	Leslee		0064

Residential Street Address	City	State	Zip Code
96 Watson Rd	Preston	CT	06365

Principal Occupation	Name of Employer
Realtor	Coldwell Banker 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: $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	Aggregate Contributions
06/08/2026	$200.00

Last Name	First	MI	Contribution ID #
Snow	Jane		0065

Residential Street Address	City	State	Zip Code
170 Indigo St ,	Mystic	CT	06355

Principal Occupation	Name of Employer
Nurse	Westerly 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: $41.00

Is this contribution associated with an 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
06/08/2026	$41.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Thaler Hefel for the 41st

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Adcock	Elise	J	0066

Residential Street Address	City	State	Zip Code
49 William St	Pawcatuck	CT	06379

Principal Occupation	Name of Employer
Health Paraprofessional	Stonington 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: $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: 06/09/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Murphy	Michael	F	0067

Residential Street Address	City	State	Zip Code
1 Glasgo Rd	Pawcatuck	CT	06379

Principal Occupation	Name of Employer
landsculpting	Murphy 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: 06/09/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Murphy	Tina		0068

Residential Street Address	City	State	Zip Code
1 Glasgo Rd	Pawcatuck	CT	06379

Principal Occupation	Name of Employer
Activities Director	The Elms Assisted Living

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

If yes, indicate which branch or branches 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: 06/09/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Messina	Doris	S	0069

Residential Street Address	City	State	Zip Code
146 Wheeler Rd	Stonington	CT	06378

Principal Occupation	Name of Employer
Retired	

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

If yes, indicate which branch or branches 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: 06/09/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Thaler Hefel for the 41st

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Spencer	Denise	A	0070

Residential Street Address	City	State	Zip Code
9 McGrath Ct	Stonington	CT	06378

Principal Occupation: Secretary at SMS

Name of Employer: Stonington 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: $20.00

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

If yes, list Event #

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

Date Received: 06/09/2026

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
Brown	David	A	0071

Residential Street Address	City	State	Zip Code
358 River Rd	Pawcatuck	CT	06379

Principal Occupation: Retired

Name of Employer: N/A

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

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

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

Amount of Contribution: $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: 06/09/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Fiore	Donald	J	0072

Residential Street Address	City	State	Zip Code
5 W Vine St	Pawcatuck	CT	06379

Principal Occupation: Retired

Name of Employer: Retired

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

If yes, indicate which branch or branches 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: 06/09/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Lee	Erin	E	0073

Residential Street Address	City	State	Zip Code
1 Fairway Ct	Pawcatuck	CT	06379

Principal Occupation: Regional Accounting Manager

Name of Employer: HHM Hotels

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

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

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

Amount of Contribution: $320.00

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

If yes, list Event #

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

Date Received: 06/09/2026

Aggregate Contributions: $320.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Thaler Hefel for the 41st

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Nossek	Carole	J	0074

Residential Street Address	City	State	Zip Code
43 Dawley Dr	Stonington	CT	06378

Principal Occupation: Teacher

Name of Employer: Retired

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

If yes, indicate which branch or branches 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: 06/09/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
White II	Blunt		0075

Residential Street Address	City	State	Zip Code
77 Collins Rd	Stonington	CT	06378

Principal Occupation: Retired

Name of Employer: Retired

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

If yes, indicate which branch or branches 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: 06/09/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Emery	Melanie	T	0076

Residential Street Address	City	State	Zip Code
201 Whitehall Ave	Old Mystic	CT	06372

Principal Occupation: Corrections - Retired

Name of Employer: Retired

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

If yes, indicate which branch or branches 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: 06/09/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Emery	Robert	W	0077

Residential Street Address	City	State	Zip Code
201 Whitehall Ave	Old Mystic	CT	06372

Principal Occupation: Law Enforcement

Name of Employer: Retired

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

If yes, indicate which branch or branches 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: 06/09/2026

Aggregate Contributions: $10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Thaler Hefel for the 41st

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Spencer	Edward	B	0078

Residential Street Address	City	State	Zip Code
9 McGrath Ct	Stonington	CT	06378

Principal Occupation: Retired
Name of Employer: Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

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

Amount of Contribution: $20.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #

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

Date Received: 06/09/2026

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
Garraty	William		0079

Residential Street Address	City	State	Zip Code
11 Oriole St	Pawcatuck	CT	06379

Principal Occupation: Retired
Name of Employer: Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

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

Amount of Contribution: $41.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #

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

Date Received: 06/09/2026

Aggregate Contributions: $41.00

Last Name	First	MI	Contribution ID #
Hefel	Harald		0080

Residential Street Address	City	State	Zip Code
22 Greenhaven Rd	Pawcatuck	CT	06379

Principal Occupation: Seamster
Name of Employer: P-tuck Marine Sewing 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: $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: 06/09/2026

Aggregate Contributions: $340.00

Last Name	First	MI	Contribution ID #
Lee	Rhandi		0081

Residential Street Address	City	State	Zip Code
1 Fairway Ct	Pawcatuck	CT	06379

Principal Occupation: Owner
Name of Employer: Murphy Apts llc

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

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

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #

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

Date Received: 06/09/2026

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Thaler Hefel for the 41st

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Welch	Kate		0082

Residential Street Address	City	State	Zip Code
208 Dawley Dr	Stonington	CT	06378

Principal Occupation	Name of Employer
N/A	Retired

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

If yes, indicate which branch or branches 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: 06/09/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Evering	Jennifer		0083

Residential Street Address	City	State	Zip Code
235 Greenhaven Rd	Pawcatuck	CT	06379

Principal Occupation	Name of Employer
Office Manager	Evering Electric

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

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

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

Amount of Contribution: $41.00

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

If yes, list Event #:

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

Date Received: 06/09/2026

Aggregate Contributions: $41.00

Last Name	First	MI	Contribution ID #
Lee	David		0084

Residential Street Address	City	State	Zip Code
1 Fairway Ct	Pawcatuck	CT	06379

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #:

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

Date Received: 06/09/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Evering	Michael		0085

Residential Street Address	City	State	Zip Code
235 Greenhaven Rd	Pawcatuck	CT	06379

Principal Occupation	Name of Employer
Electrical Contractor	Evering Electric 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: $41.00

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

If yes, list Event #:

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

Date Received: 06/09/2026

Aggregate Contributions: $41.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Thaler Hefel for the 41st

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Browning	Hunter		0086

Residential Street Address	City	State	Zip Code
302 Flanders Rd	Stonington	CT	06378

Principal Occupation	Name of Employer
Journeyman lineman	Eversource energy

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

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

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

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

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
06/10/2026	$340.00	$340.00

Last Name	First	MI	Contribution ID #
Browning	Emma		0087

Residential Street Address	City	State	Zip Code
302 Flanders Rd	Stonington	CT	06378

Principal Occupation	Name of Employer
Homemaker	Homemaker

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

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

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

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

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
06/10/2026	$340.00	$340.00

Last Name	First	MI	Contribution ID #
O'Brien	Margaret		0088

Residential Street Address	City	State	Zip Code
13 Broadway Ave Apt 1 ,	Stonington	CT	06355

Principal Occupation	Name of Employer
Homaker	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

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

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
06/10/2026	$25.00	$25.00

Last Name	First	MI	Contribution ID #
Knotts	Ashlee		0089

Residential Street Address	City	State	Zip Code
116 19th Ave S Unit 1/2	Saint Petersburg	FL	33705

Principal Occupation	Name of Employer
Regional Sales Manager	LIFEAID BEVERAGE 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

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

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
06/10/2026	$41.00	$41.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Thaler Hefel for the 41st

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Liese	Nicholas		0090

Residential Street Address	City	State	Zip Code
12 Morgan St	Pawcatuck	CT	

Principal Occupation	Name of Employer
Restoration Carpenter, Joiner	Liese Construction LLC

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #:

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

Date Received: 06/10/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Healey	Christina		0091

Residential Street Address	City	State	Zip Code
24 Olivia Ln	Stonington	CT	06378

Principal Occupation	Name of Employer
Secretary	Stonington 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: 06/10/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Westgate	Deborah	L	0092

Residential Street Address	City	State	Zip Code
37 Circle Dr	Stonington	CT	06378

Principal Occupation	Name of Employer
Accountant	Electric Boat Corp.

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

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

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

Amount of Contribution: $20.00

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

If yes, list Event #:

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

Date Received: 06/10/2026

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
Hersh	Theresa	A	0093

Residential Street Address	City	State	Zip Code
128 Cove Rd	Stonington	CT	06378

Principal Occupation	Name of Employer
Police Officer	Town of Stonington - SPD

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

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

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

Amount of Contribution: $20.00

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

If yes, list Event #:

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

Date Received: 06/10/2026

Aggregate Contributions: $20.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Thaler Hefel for the 41st

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Girard	Robert	W	0094

Residential Street Address	City	State	Zip Code
51 Palmer Neck Rd	Pawcatuck	CT	06379

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #:

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

Date Received: 06/10/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Roy	Jeff		0095

Residential Street Address	City	State	Zip Code
12 Pearl St	Stonington	CT	06378

Principal Occupation	Name of Employer
Unemployed	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: $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: 06/11/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Jeyniger	John		0096

Residential Street Address	City	State	Zip Code
7 W Mystic Ave	Mystic	CT	06355

Principal Occupation	Name of Employer
General Contractor	Coastal Contracting 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: $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: 06/11/2026

Aggregate Contributions: $340.00

Last Name	First	MI	Contribution ID #
SuChy	Eric		0097

Residential Street Address	City	State	Zip Code
4001 Clinard Ave	Winston Salem	NC	27127

Principal Occupation	Name of Employer
Dual Status Military Technician	National Guard 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: $100.00

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

If yes, list Event #:

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

Date Received: 06/12/2026

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Thaler Hefel for the 41st

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
LaBella	Carly		0098

Residential Street Address	City	State	Zip Code
24 Pawcatuck Ave	Pawcatuck	CT	06379

Principal Occupation	Name of Employer
barista	old man joes

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

If yes, indicate which branch or branches 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: 06/12/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Ludwig	Richard		0099

Residential Street Address	City	State	Zip Code
145 Belleview Blvd Unit 605	Belleair	FL	33756

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: $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: 06/12/2026

Aggregate Contributions: $340.00

Last Name	First	MI	Contribution ID #
Ludwig	Erleen		0100

Residential Street Address	City	State	Zip Code
145 Belleview Blvd Unit 605	Belleair	FL	33756

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: $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: 06/12/2026

Aggregate Contributions: $340.00

Last Name	First	MI	Contribution ID #
Burdick	Kyle		0101

Residential Street Address	City	State	Zip Code
1 Muster Ln	Ledyard	CT	06360

Principal Occupation	Name of Employer
HVAC	New England Mechanical

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #:

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

Date Received: 06/12/2026

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Thaler Hefel for the 41st

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Miller	Kevin	E	0102

Residential Street Address	City	State	Zip Code
81 Cove Rd	Stonington	CT	06378

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: 06/15/2026

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
Hoar	Thomas	F	0103

Residential Street Address	City	State	Zip Code
1 Enders Is	Mystic	CT	06355

Principal Occupation	Name of Employer
Catholic Priest	St. Edmund's Retreat 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: 06/15/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
LaBella	Madalyn		0104

Residential Street Address	City	State	Zip Code
24 Pawcatuck Ave	Pawcatuck	CT	06379

Principal Occupation	Name of Employer
Boat detailer	Drift Marine Detailing

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

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

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

Amount of Contribution: $41.00

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

If yes, list Event #:

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

Date Received: 06/15/2026

Aggregate Contributions: $41.00

Last Name	First	MI	Contribution ID #
Meiser	Daniel		0105

Residential Street Address	City	State	Zip Code
396 N Main St	Stonington	CT	06378

Principal Occupation	Name of Employer
Self	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: $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: 06/15/2026

Aggregate Contributions: $300.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Thaler Hefel for the 41st

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Georgetti Jr.	Richard	A	0106

Residential Street Address	City	State	Zip Code
39 Clipper Dr	Mystic	CT	06355

Principal Occupation: Retail Management

Name of Employer: R.A. Georgetti & 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: $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: 06/16/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Georgetti	Sophia	M	0107

Residential Street Address	City	State	Zip Code
39 Clipper Dr	Mystic	CT	06355

Principal Occupation: Nail Tech

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: $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: 06/16/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Georgetti	Tracie	A	0108

Residential Street Address	City	State	Zip Code
39 Clipper Dr	Mystic	CT	06355

Principal Occupation: Secretary

Name of Employer: Enders Island

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

If yes, indicate which branch or branches 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: 06/16/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Brown	Darlene		0109

Residential Street Address	City	State	Zip Code
1 Greenwood Ave	Pawcatuck	CT	06379

Principal Occupation: Service Representative

Name of Employer: 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: $25.00

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

If yes, list Event #: 06162026C

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

Date Received: 06/16/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Thaler Hefel for the 41st

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Vignato	Enza		0110

Residential Street Address	City	State	Zip Code
82 Edgecomb St	Mystic	CT	06355

Principal Occupation: Paraeducator

Name of Employer: Stonington 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: 06/16/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Monteiro	Deborah		0111

Residential Street Address	City	State	Zip Code
70 Spyglass Cir	Groton	CT	06340

Principal Occupation: Title Searcher

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: $5.00

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

If yes, list Event #: 06162026C

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

Date Received: 06/16/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Reed	Robert	T	0112

Residential Street Address	City	State	Zip Code
208 Pequotsepos Road Ext	Mystic	CT	06355

Principal Occupation:

Name of Employer: Retired

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

If yes, indicate which branch or branches 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 #: 06162026C

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

Date Received: 06/16/2026

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
Ganswindt	Judy		0113

Residential Street Address	City	State	Zip Code
14 Pennywise Ln	Old Saybrook	CT	06475

Principal Occupation:

Name of Employer: Retired

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

If yes, indicate which branch or branches 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 #: 06162026C

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

Date Received: 06/16/2026

Aggregate Contributions: $10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Thaler Hefel for the 41st

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Dain	Robert	L	0114

Residential Street Address	City	State	Zip Code
620 Noank Rd	Mystic	CT	06355

Principal Occupation	Name of Employer
Govt Contractor	Senco

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

If yes, indicate which branch or branches 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 # 06162026C

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

Date Received: 06/16/2026

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
Plasse	Pamela	S	0115

Residential Street Address	City	State	Zip Code
12 Sandy Hollow Rd	Mystic	CT	06355

Principal Occupation	Name of Employer
Accountant	Halloran + Associates LLC

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event # 06162026C

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

Date Received: 06/16/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Miller	Holly	P	0116

Residential Street Address	City	State	Zip Code
81 Cove Rd	Stonington	CT	06378

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 # 06162026C

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

Date Received: 06/16/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Hutter	Edward		0117

Residential Street Address	City	State	Zip Code
29 Meadowbrook Ln	Mystic	CT	06355

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 # 06162026C

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

Date Received: 06/16/2026

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Thaler Hefel for the 41st

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Dauphinais	Jane	S	0118

Residential Street Address	City	State	Zip Code
10 E Shore Ave	Groton	CT	06340

Principal Occupation:

Name of Employer: Retired

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

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

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

Amount of Contribution:

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

If yes, list Event # 06162026C

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

Date Received: 06/16/2026

Aggregate Contributions: $50.00

$50.00

Last Name	First	MI	Contribution ID #
Hutter	Linda	M	0119

Residential Street Address	City	State	Zip Code
29 Meadowbrook Ln	Mystic	CT	06355

Principal Occupation: Sr. Scientist

Name of Employer: Pfizer

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

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

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

Amount of Contribution:

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

If yes, list Event # 06162026C

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

Date Received: 06/16/2026

Aggregate Contributions: $25.00

$25.00

Last Name	First	MI	Contribution ID #
Alu	Joseph		0120

Residential Street Address	City	State	Zip Code
156 D St	Groton	CT	06340

Principal Occupation: Designer

Name of Employer: EB-Groton, CT

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

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

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

Amount of Contribution:

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

If yes, list Event # 06162026C

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

Date Received: 06/16/2026

Aggregate Contributions: $25.00

$25.00

Last Name	First	MI	Contribution ID #
Vignato	Tom		0121

Residential Street Address	City	State	Zip Code
82 Edgecomb St ,	Mystic	CT	06355

Principal Occupation: Estimator

Name of Employer: Luther Fence Co.

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

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

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

Amount of Contribution:

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

If yes, list Event #

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

Date Received: 06/17/2026

Aggregate Contributions: $10.00

$10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Thaler Hefel for the 41st

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Quirk	Thomas	H	0139

Residential Street Address	City	State	Zip Code
96 Palmer Neck Rd	Pawcatuck	CT	06379

Principal Occupation: Retired

Name of Employer: Retired

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #

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

Date Received: 06/18/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Logan	Kevin		0122

Residential Street Address	City	State	Zip Code
45 Riverside Dr	Pawcatuck	CT	06379

Principal Occupation: Mad Scientist

Name of Employer: MACSEA Ltd

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

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

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

Amount of Contribution: $200.00

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

If yes, list Event #

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

Date Received: 06/19/2026

Aggregate Contributions: $200.00

Last Name	First	MI	Contribution ID #
Terribile	Sarah		0123

Residential Street Address	City	State	Zip Code
24 Lincoln Ave Apt 1	Pawcatuck	CT	06379

Principal Occupation: Yacht Shop Administrator

Name of Employer: Barton and Gray Mariners Club

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

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

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

Amount of Contribution: $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: 06/20/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Washburn	Cassandra		0124

Residential Street Address	City	State	Zip Code
323 Stone Edge Dr	Butler	TN	37640

Principal Occupation: Sales

Name of Employer: Chef on call

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

If yes, indicate which branch or branches 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: 06/22/2026

Aggregate Contributions: $340.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Thaler Hefel for the 41st

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Bancroft-Jones	Adrianna		0125

Residential Street Address	City	State	Zip Code
689 Poquonnock Rd	Groton	CT	06340

Principal Occupation	Name of Employer
Municipal Employee	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: $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: 06/23/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Johnson	David		0126

Residential Street Address	City	State	Zip Code
21 W Mystic Ave	Mystic	CT	06355

Principal Occupation	Name of Employer
Sales	Viking representatives

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

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

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

Amount of Contribution: $41.00

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

If yes, list Event #

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

Date Received: 06/23/2026

Aggregate Contributions: $41.00

Last Name	First	MI	Contribution ID #
Calash	James	R	0127

Residential Street Address	City	State	Zip Code
137 Franklin St	Westerly	RI	02891

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: $41.00

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

If yes, list Event #

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

Date Received: 06/26/2026

Aggregate Contributions: $41.00

Last Name	First	MI	Contribution ID #
Bennett	Matt		0128

Residential Street Address	City	State	Zip Code
7 Jackson Ave # 4	Mystic	CT	06355

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: $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

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Thaler Hefel for the 41st

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Harris	Michael		0129

Residential Street Address	City	State	Zip Code
10 Stony Hill Dr	Mystic	CT	06355

Principal Occupation:

Name of Employer:

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

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

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

Amount of Contribution:

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

If yes, list Event #:

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

Date Received: 06/27/2026

Aggregate Contributions: $5.00

$5.00

Last Name	First	MI	Contribution ID #
Poirier	Julianne		0130

Residential Street Address	City	State	Zip Code
20 Schiller Ave	Pawcatuck	CT	06379

Principal Occupation: Production Planner

Name of Employer: SEACORP

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

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

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

Amount of Contribution:

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

If yes, list Event #:

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

Date Received: 06/27/2026

Aggregate Contributions: $5.00

$5.00

Last Name	First	MI	Contribution ID #
Macione	Mike		0131

Residential Street Address	City	State	Zip Code
20 Schiller Ave	Pawcatuck	CT	06379

Principal Occupation: Manager

Name of Employer: SEACORP

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

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

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

Amount of Contribution:

Is this contribution associated with an event 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

$10.00

Last Name	First	MI	Contribution ID #
Wilczek	Daniel		0132

Residential Street Address	City	State	Zip Code
307 Flanders Rd	Stonington	CT	06378

Principal Occupation: Owner / Product designer

Name of Employer: Self employed

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

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

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

Amount of Contribution:

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

If yes, list Event #:

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

Date Received: 06/28/2026

Aggregate Contributions: $10.00

$10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Thaler Hefel for the 41st

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
McAndrew	Stephen		0133

Residential Street Address	City	State	Zip Code
10 Damato Dr	Stonington	CT	06378

Principal Occupation	Name of Employer
Law Enforcement	Town of Groton

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

If yes, indicate which branch or branches 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: 06/28/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Banks	Chris		0134

Residential Street Address	City	State	Zip Code
472 N Anguilla Rd	Pawcatuck	CT	06379

Principal Occupation	Name of Employer
Officer	Town of Groton

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

If yes, indicate which branch or branches 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: 06/28/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Hefel	Jane		0135

Residential Street Address	City	State	Zip Code
22 Greenhaven Rd	Pawcatuck	CT	06379

Principal Occupation	Name of Employer
Homemaker	Self

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #:

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

Date Received: 06/30/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Penfold	Mary		0136

Residential Street Address	City	State	Zip Code
39 Montauk Ave	Stonington	CT	06378

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: 06/30/2026

Aggregate Contributions: $10.00

Total of Section B	**$7,160.00**
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Total on Line 14, Column A of Summary Page)*	**$7,160.00**

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Thaler Hefel for the 41st	July 10 Filing - Original

C1. Contributions from Other Committees

Name of Committee			Name of Treasurer	
Address			Is this contribution associated with an event reported in Section J1? Yes No If yes, list Event #	Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions

Total of Section C1	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Thaler Hefel for the 41st	July 10 Filing - Original

C2. Reimbursements or Surplus Distributions from other Committees

Name of Committee			Name of Treasurer	
Address			Date Received	Amount of Receipt
City	State	Zip Code	Payment Type Reimbursement for shared expense Surplus distribution from exploratory committee	
Expenditure #	Description			

Total of Section C2	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Thaler Hefel for the 41st	July 10 Filing - Original

D. Loans Received this Period

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

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Thaler Hefel for the 41st	July 10 Filing - Original

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

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

I. Monetary Receipts (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Thaler Hefel for the 41st	July 10 Filing - Original

G. Interest from Deposits in Authorized Accounts

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

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Thaler Hefel for the 41st	July 10 Filing - Original

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

Purpose of Grant:	Grant Cycle:	Date Received	Amount
Initial Grant Adjustment Supplemental/Post Election Deficit	Primary General Election Special Election		
	Total of Section H		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Thaler Hefel for the 41st	July 10 Filing - Original

I. Miscellaneous Monetary Receipts not Considered Contributions

Name			Date of Transaction	Amount Received
Street Address	City	State	Zip Code	
Description				
			Total of Section I	

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Thaler Hefel for the 41st	July 10 Filing - Original

J1. Event Information

Event # / Date of Event	Letter	Description	Was this a fundraising event?
06/16/2026	C	Cocktail Event	[X] Yes [ ] No

Location: Street Address	City	State	Zip Code
54 W Main St	Mystic	CT	06355

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
Thaler Hefel for the 41st	July 10 Filing - Original

J3. In-Kind Donations Not Considered Contributions

Name of the Donor			
Street Address	City	State	Zip Code

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

Total of Section J3	

II.EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Thaler Hefel for the 41st	July 10 Filing - Original

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

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

Total of Section J4	

III. NONMONETARY RECEIPTS (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Thaler Hefel for the 41st	July 10 Filing - Original

K. In-Kind Contributions

Name			
Street Address	City	State	Zip Code
Is this contribution associated with an event reported in Section J1? Yes No If yes, list Event#	Description of In-Kind Contribution		
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	Is contributor a principal of a state contractor or prospective state contractor? Yes No If yes, indicate which branch or branches of government the contract is with: Executive Legislative		Fair Market Value of this Contribution
Type of Contributor: Individual Committee Sole Proprietorship	Date Received	Aggregate contributions	

Total of Section K	

III. Non Monetary Receipts (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Thaler Hefel for the 41st	July 10 Filing - Original

L. Refundable Deposit to Telephone Company

Last Name of Individual	First Name	MI	Date Deposit Made	
Residential Street Address	City	State	Zip Code	Amount of Deposit
Name of Telephone company				
Street Address	City	State	Zip Code	
			Total of Section L	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Thaler Hefel for the 41st	July 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
JLK Strategies, LLC	06/16/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
1021 E Cary St Ste 2002	Richmond	VA	23219

Purpose of Expendit	Description	Amount
A-ATM	Text	

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		06162026C	$125.00

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

Street Address	City	State	Zip Code
54 W Main St	Mystic	CT	06355

Purpose of Expendit	Description	Amount
FNDR *	Food	

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		06162026C	$91.72

Name of Payee	Date of Payment	Method of Payment
Printing Plus Signs	06/24/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
179 Main St	Westerly	RI	02891

Purpose of Expendit	Description	Amount
A-SIGN		

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			$1,169.33

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Thaler Hefel for the 41st	July 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
TD Bank	06/26/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
4140 Church Rd	Mount Laurel	NJ	08054

Purpose of Expendit	Description	Amount
BNK	Ordered Checks	$45.60

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No

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

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Anedot	06/30/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1340 Poydras St # 1770	New Orleans	LA	70112

Purpose of Expendit	Description	Amount
BNK		$186.86

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

Total of Section N	$1,618.51

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Thaler Hefel for the 41st	July 10 Filing - Original

O. Expenses Paid By Candidate

Name of Payee (Name of vendor who candidate paid directly)	Date of Payment	Is Reimbursement Claimed?
Amazon	06/09/2026	[X] Yes [ ] No

Street Address	City	State	Zip Code	Amount
410 Terry Ave N	Seattle	WA	98109	

Purpose of Expenditure (by code)	Description	Event #	Amount
OFFICE			$42.24

Total of Section O	$42.24

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Thaler Hefel for the 41st	July 10 Filing - Original

P. Expenses Incurred on Committee Credit Card

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

Name of Vendor	Date of Transaction

Street Address	City	State	Zip Code

Purpose of Expenditure (by code)	Description	Amount

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

Total of Section P	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Thaler Hefel for the 41st	July 10 Filing - Original

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

Name of Creditor			Date Incurred	
Thaler Hefel			06/09/2026	
Street Address	**City**		**State**	**Zip Code**
3 Palmer Neck Rd	Pawcatuck		CT	
Purpose of Expenditure (by code)	**Description**		**Amount Incurred (Estimate or Actual)**	
RMB				
Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No If yes, assign an Expenditure # and completes Itemization in Addendum Q		Expenditure # (if applicable)	Event #	$45.24

Total of Section Q	**$45.24**

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Thaler Hefel for the 41st	July 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N: Check # Debit Card EFT

Name of Vendor Paid by Committee Worker/Consultant

Street Address of Vendor	City	State	Zip Code

Purpose of Expenditure (by code)	Description

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

Total of Section R	

IV. EXPENDITURES (Sectuibs N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Thaler Hefel for the 41st	July 10 Filing - Original

S. Surplus Distribution of Equipment and Furniture

Name of Recipient

Street Address	City	State	Zip Code	Original Purchase Amount of Item

Description of Item

Total of Section S	

Section J4. ADDENDUM	
NAME OF COMMITTEE	TYPE OF REPORT
J4. In - Kind Donations Not Considered Contribution Associated with a House Party - Addendum	
Event #	
Name of Candidate	

Section N. ADDENDUM	
NAME OF COMMITTEE	TYPE OF REPORT
N. Expenses Paid By Committee - Addendum	
Expenditure #	**Amount of Expenditure**
Name of Candidate	Office Sought

Section P. ADDENDUM	
NAME OF COMMITTEE	TYPE OF REPORT
P. Expenses Incurred on Committee Credit Card - Addendum	
Expenditure #	**Amount of Expenditure**
Name of Candidate	Office Sought

Section Q. ADDENDUM	
NAME OF COMMITTEE	TYPE OF REPORT

Q. Expenses Incurred by Committee but Not Paid During this Period - Addendum

Expenditure #	Amount of Expenditure

Name of Candidate	Office Sought

Section R. ADDENDUM	
NAME OF COMMITTEE	TYPE OF REPORT

R. Itemization of Reimbursements and Secondary Payees - Addendum

Expenditure #	Amount of Expenditure

Name of Candidate	Office Sought