

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

Revised February 2015



Electronic Filing

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Page 1 of 73

COVER PAGE

1. NAME OF COMMITTEE				2. TYPE OF COMMITTEE	
Rich Mette 22				☒ Candidate Committee ☐ Exploratory Committee	
3. TREASURER NAME					
First Daniel		MI	Last Ciesielski		Suffix
4. TREASURER ADDRESS					
Street Address 33 Overlook Dr		City Plainville		State CT	Zip Code 06062
5. ELECTION DATE 11/03/2026		6. OFFICE SOUGHT (Complete only if Candidate Committee) State Representative			7. DISTRICT NUMBER (if applicable) R022
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First Richard		MI R	Last Mette		Suffix
9. TYPE OF REPORT July 10 Filing - Amendment					
10. PERIOD COVERED					
Beginning Date Ending Date 04/05/2026 thru 06/30/2026					
11. CERTIFICATION					
☒ I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.					
Electronic Filing SIGNATURE		Daniel Ciesielski PRINT NAME OF THE SIGNER		07/13/2026 2:25:15PM 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	
Rich Mette 22	July 10 Filing - Amendment	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		\$0.00
13. Balance on hand at the beginning of Reporting Period	\$0.00	
14. Contributions received from Individuals (Section A and B)	\$7,320.00	\$7,320.00
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
16. Other Monetary Receipts (Section D through I)	\$450.03	\$450.03
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)	\$7,770.03	\$7,770.03
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$7,770.03	\$7,770.03
20. Expenses Paid by Committee (Section N)	\$1,502.90	\$1,502.90
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns)	\$6,267.13	\$6,267.13
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)	\$118.03	\$118.03
25. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00
26. Beginning Loan Balance	\$0.00	
26a. + Loans Received (Section D)	\$0.00	\$0.00
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
26c. - Payments on Loan(s)	\$0.00	\$0.00
26d. Total Outstanding Loan Amount	\$0.00	
27. Campaign Expenses Paid By Candidate (Section O)	\$0.00	\$0.00
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$0.00	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$0.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Rich Mette 22		July 10 Filing - Amendment	
A. Total Contributions from Small Contributors-Received this Period ONLY		For Nonparticipating Candidates ONLY	
		\$0.00	
B. Itemized Contributions from Individuals			

Last Name Catanzaro		First Joseph		MI	Contribution ID # 0006
Residential Street Address 2 Hollis Ln		City Plainville		State CT	Zip Code 06062
Principal Occupation Sales Rep		Name of Employer Founders Fellowship			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/18/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Ouellette		First Gail		MI M	Contribution ID # 0009
Residential Street Address 22 Hunter Rdg		City Unionville		State CT	Zip Code 06085
Principal Occupation Bookkeeper		Name of Employer Plainville Food Pantry			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/18/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Zaino		First Nancy		MI M	Contribution ID # 0008
Residential Street Address 36 Paper Chase Dr		City Farmington		State CT	Zip Code 06032
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/18/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rich Mette 22	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name DelBuono		First Darlene		MI	Contribution ID # 0007
Residential Street Address 22 Young St .		City Plainville		State CT	Zip Code
Principal Occupation Unit Secretary		Name of Employer Hospital For Specifical 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	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/18/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Manafort		First Lana		MI	Contribution ID # 0001
Residential Street Address 26 James Pl		City Plainville		State CT	Zip Code 06062
Principal Occupation Owner		Name of Employer NCIO Construction			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/22/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Kyla		First Petit		MI M	Contribution ID # 0005
Residential Street Address 181 Broad St		City Plainville		State CT	Zip Code 06062
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/24/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Casey		First Colette		MI M	Contribution ID # 0004
Residential Street Address 32 Roseleah Ave		City Plainville		State CT	Zip Code 06062
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/24/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT

Rich Mette 22

July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Jackson		First Pamela		MI B	Contribution ID # 0003
Residential Street Address 135 Camp St		City Plainville		State CT	Zip Code 06062
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/24/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Dennehy		First Gayle		MI B	Contribution ID # 0002
Residential Street Address 28 Perron Rd		City Plainville		State CT	Zip Code 06062
Principal Occupation Realtor		Name of Employer Dennehy&Company LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/25/2026	Aggregate Contributions \$200.00	\$200.00

Last Name Shorette		First Marilyn		MI	Contribution ID # 0016
Residential Street Address 18 Milford St .		City Plainville		State CT	Zip Code 06062
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/25/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Basinger		First Katherine		MI	Contribution ID # 0030
Residential Street Address 27 Church St		City Plainville		State CT	Zip Code 06062
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/25/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rich Mette 22	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Cyr		First Eileen		MI E	Contribution ID # 0012
Residential Street Address 104 River St		City Southington		State CT	Zip Code 06489
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/26/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Goski		First Ronald		MI A	Contribution ID # 0011
Residential Street Address 104 River St		City Southington		State CT	Zip Code 06489
Principal Occupation Prod Mgr		Name of Employer Heartwood Cabinet Refacing			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/26/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Zaino III		First Ernest		MI A	Contribution ID # 0010
Residential Street Address 32 Paper Chase Dr		City Farmington		State CT	Zip Code 06032
Principal Occupation Dispatcher		Name of Employer Favahr			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/27/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Kisluk		First John		MI E	Contribution ID # 0015
Residential Street Address 65 Forestville Ave		City Plainville		State CT	Zip Code 06062
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/27/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rich Mette 22	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Casey		First Russell		MI F	Contribution ID # 0014
Residential Street Address 32 Rosedleah		City Plainville		State CT	Zip Code 06062
Principal Occupation Facilities Worker		Name of Employer Ct on-line Computer Center			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/27/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Brayne		First William		MI M	Contribution ID # 0013
Residential Street Address 5 Hemingway		City Plainville		State CT	Zip Code 06062
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/27/2026	Aggregate Contributions \$20.00	\$20.00

Last Name St Pierre		First Janet		MI	Contribution ID # 0019
Residential Street Address 41 Broad St		City Plainville		State CT	Zip Code 06962
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/28/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Walowski		First Steven		MI	Contribution ID # 0018
Residential Street Address 2039 Mt Vernon Rd		City Southington		State CT	Zip Code 04689
Principal Occupation Laborer		Name of Employer Hillside 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	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/28/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rich Mette 22	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Liebler		First Norma		MI	Contribution ID # 0017
Residential Street Address 130 Redstone HI		City Plainville		State CT	Zip Code 06062
Principal Occupation Staff Support		Name of Employer Elmwood Community Center			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/28/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Baker		First Mary		MI E	Contribution ID # 0029
Residential Street Address 50 Nburning Tree Dr		City Southington		State CT	Zip Code 06489
Principal Occupation Civil Engineer		Name of Employer Ct Dept of Tfransportation			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/28/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Carrier		First Rejeab		MI	Contribution ID # 0028
Residential Street Address 28 Perron Rd		City Plainville		State CT	Zip Code 06062
Principal Occupation House Builder		Name of Employer Carriewr Home Builders			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/28/2026	Aggregate Contributions \$200.00	\$200.00

Last Name Gervais		First Mark		MI	Contribution ID # 0027
Residential Street Address 8 Ben Ct		City Plainville		State CT	Zip Code 06062
Principal Occupation Owner-mgr		Name of Employer Gervais Bros Inc			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/28/2026	Aggregate Contributions \$10.00	\$10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rich Mette 22	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Gervais		First Donna		MI	Contribution ID # 0026
Residential Street Address 8 Ben Ct		City Plainville		State CT	Zip Code
Principal Occupation Sr Fin Consultant		Name of Employer Travelers Ins			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/28/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Dressel		First Michael		MI	Contribution ID # 0024
Residential Street Address 18 Tomlinson Ave		City Plainville		State CT	Zip Code 06062
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/28/2026	Aggregate Contributions \$20.00	\$20.00

Last Name O'Brien		First Sharon		MI M	Contribution ID # 0023
Residential Street Address 190 Moore Hill Dr		City Southington		State CT	Zip Code 06489
Principal Occupation Owner Manager		Name of Employer Hillside Properties			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/28/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Lojoie		First Mark		MI	Contribution ID # 0022
Residential Street Address 372 Kensington Ave		City Southington		State CT	Zip Code 06489
Principal Occupation Vice President operations		Name of Employer Berlin Steel			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/28/2026	Aggregate Contributions \$10.00	\$10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rich Mette 22	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Ives		First Robert		MI 	Contribution ID # 0021
Residential Street Address 12 Turnbelly Ct		City Plantsville		State CT	Zip Code 06479
Principal Occupation Staff Member		Name of Employer RPI Development Group			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/28/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Wilk		First Timothy		MI J	Contribution ID # 0105
Residential Street Address 144 Scenic Dr		City Southington		State CT	Zip Code 06489
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/28/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Robinson		First Susan		MI 	Contribution ID # 0020
Residential Street Address 93 Berlin Ave		City Southington		State CT	Zip Code 06489
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/29/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Davidson		First Barbara		MI J	Contribution ID # 0043
Residential Street Address 28 Northampton Ln		City Plainville		State CT	Zip Code
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rich Mette 22	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Davidson		First William		MI W	Contribution ID # 0042
Residential Street Address 28 Northampton Ln		City Plainville		State CT	Zip Code 06062
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Herron		First Cynthia		MI CT	Contribution ID # 0041
Residential Street Address 6 Sycamore		City Southington		State CT	Zip Code 06489
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Martin		First Douglas		MI CT	Contribution ID # 0057
Residential Street Address 236 Carter Ln		City Southington		State CT	Zip Code 06489
Principal Occupation Factory Worker		Name of Employer Springfield Spring			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Gelinas		First Robert		MI J	Contribution ID # 0039
Residential Street Address 178 Milford Street Ext		City Plainville		State CT	Zip Code 06062
Principal Occupation Driver		Name of Employer Automotive Connectiin Fleet			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/02/2026	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rich Mette 22	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Winkleman		First Seth		MI	Contribution ID # 0132
Residential Street Address 37 Tyler Farms Rd		City Plainville		State CT	Zip Code 06062
Principal Occupation RN		Name of Employer Uconn Health			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/02/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Daly		First Jane		MI	Contribution ID # 0131
Residential Street Address 29 Great Plain Dr		City Plainville		State CT	Zip Code 06062
Principal Occupation Oper Mgr		Name of Employer Amwis Ins			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/02/2026	Aggregate Contributions \$200.00	\$200.00

Last Name Dennehy		First Gayle		MI B	Contribution ID # 0133
Residential Street Address 28 Perron Rd		City Plainville		State CT	Zip Code 06062
Principal Occupation Realtor		Name of Employer Dennehy&Company LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/03/2026	Aggregate Contributions \$205.00	\$5.00

Last Name Townesley		First Jim		MI A	Contribution ID # 0051
Residential Street Address 696 Spring St		City Southington		State CT	Zip Code 06489
Principal Occupation Clergy		Name of Employer Central Baptist Church			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/06/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rich Mette 22	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name McKeever		First Linda		MI J	Contribution ID # 0050
Residential Street Address 146 Howard		City Southington		State CT	Zip Code 06489
Principal Occupation Missionary		Name of Employer Baptist Internation Missions			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/06/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Townsley		First Janet		MI A	Contribution ID # 0049
Residential Street Address 696 Spring St		City Southington		State CT	Zip Code 06489
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 05/06/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Buchanan		First Sara		MI 	Contribution ID # 0032
Residential Street Address 981 S Main St		City Plantsville		State CT	Zip Code 06479
Principal Occupation Vehicle Registration Mgr		Name of Employer Expert Auto Service			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/06/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Muskatello		First James		MI M	Contribution ID # 0064
Residential Street Address 51 W Pines Dr		City Southington		State CT	Zip Code
Principal Occupation Dev. Eng.		Name of Employer ICU Medical Inc			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/06/2026	Aggregate Contributions \$20.00	\$20.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rich Mette 22	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Martin		First Sarah		MI E	Contribution ID # 0063
Residential Street Address 95 Yorktown Rd		City Southington		State CT	Zip Code 06489
Principal Occupation At home mom		Name of Employer at homje mom			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/06/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Knibbs		First Suzanne		MI A	Contribution ID # 0062
Residential Street Address 706 Spring St		City Southington		State CT	Zip Code 06489
Principal Occupation Underwriter		Name of Employer First World Mortgage			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/06/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Knibbs		First John		MI M	Contribution ID # 0061
Residential Street Address 706 Spring St		City Southington		State CT	Zip Code 06489
Principal Occupation Electrician		Name of Employer Knibbs Electrical Services			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/06/2026	Aggregate Contributions \$10.00	\$10.00

Last Name McKeever		First Robert		MI J	Contribution ID # 0053
Residential Street Address 1505 West St Unit 2		City Southington		State CT	Zip Code
Principal Occupation AP Clerk/ IT		Name of Employer Central Baptist Church			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/06/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rich Mette 22	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Choquette		First Kevin		MI A	Contribution ID # 0052
Residential Street Address 78 Panorama Dr		City Southington		State CT	Zip Code 06489
Principal Occupation Salesman		Name of Employer Ashley'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	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/06/2026	Aggregate Contributions \$5.00	\$5.00

Last Name TOMPKINS		First DEBORAH		MI 	Contribution ID # 0137
Residential Street Address 21 McDonald		City Plainville		State CT	Zip Code 06062
Principal Occupation Retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/06/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Casey		First Colette		MI M	Contribution ID # 0136
Residential Street Address 32 Roseleah Ave		City Plainville		State CT	Zip Code 06062
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/06/2026	Aggregate Contributions \$125.00	\$25.00

Last Name Divenere		First John		MI 	Contribution ID # 0135
Residential Street Address 139 Hopmeadow Rd		City Bristol		State CT	Zip Code 06101
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/06/2026	Aggregate Contributions \$200.00	\$200.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rich Mette 22	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Buchanan		First Rachel		MI	Contribution ID # 0134
Residential Street Address 134 Broad St		City Plainville		State CT	Zip Code 06062
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☐ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/06/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Martin		First Collin		MI T	Contribution ID # 0060
Residential Street Address 95 Yorktown Rd		City Southington		State CT	Zip Code 06489
Principal Occupation Operations Mgr		Name of Employer Able tool & Equip			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/07/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Martin		First Kathy		MI M	Contribution ID # 0059
Residential Street Address 236 Carter		City Southington		State CT	Zip Code 06489
Principal Occupation Homemaker		Name of Employer Homemaker			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/07/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Zavatkay		First Laura		MI K	Contribution ID # 0036
Residential Street Address 139 Camp		City Plainville		State CT	Zip Code 06062
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/07/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rich Mette 22	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Chapman		First Johanna		MI	Contribution ID # 0035
Residential Street Address 206 Broad St		City Plainville		State CT	Zip Code 06062
Principal Occupation Property Mgr		Name of Employer William Petit Properties LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/07/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Irizarry		First Alicia		MI	Contribution ID # 0034
Residential Street Address 68 Northampton		City Plainville		State CT	Zip Code
Principal Occupation Manager		Name of Employer South Park Inn			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/07/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Petit		First Glenn		MI	Contribution ID # 0040
Residential Street Address 132 Res Stone HI		City Plainville		State CT	Zip Code 06062
Principal Occupation Property Mgr		Name of Employer Petit Properties			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/07/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Gelinas		First Heather		MI L	Contribution ID # 0038
Residential Street Address 178 Milford Street Ext		City Plainville		State CT	Zip Code 06062
Principal Occupation Unemployed		Name of Employer Unemployed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/08/2026	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rich Mette 22	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Gelinas		First Taylor		MI	Contribution ID # 0037
Residential Street Address 178 Milford Street Ext		City Plainville		State CT	Zip Code 06062
Principal Occupation unemployed		Name of Employer unemployed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/08/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Maraldi		First Leslie		MI A	Contribution ID # 0031
Residential Street Address 92 W Main St		City Plainville		State CT	Zip Code 06062
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/08/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Buchanan		First David		MI	Contribution ID # 0146
Residential Street Address 134 Broad St		City Plainville		State CT	Zip Code 06062
Principal Occupation Painter		Name of Employer DMB Painting 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 05/08/2026	Aggregate Contributions \$52.40	\$50.00

Last Name Dunn		First Phillip		MI	Contribution ID # 0145
Residential Street Address 14 Greenwood Dr		City Farmington		State CT	Zip Code 06032
Principal Occupation Attorney		Name of Employer Jackson O'Keefe II			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/08/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rich Mette 22	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Fisher		First Marie Micacci		MI	Contribution ID # 0144
Residential Street Address 462 Edgewood Rd		City Southington		State CT	Zip Code 06489
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/08/2026	Aggregate Contributions \$52.40	\$50.00

Last Name Baker		First Michael		MI	Contribution ID # 0143
Residential Street Address 50 Burning Tree Dr		City Southington		State CT	Zip Code 06489
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/08/2026	Aggregate Contributions \$41.98	\$40.00

Last Name Santiago		First Peter		MI	Contribution ID # 0142
Residential Street Address 201 Old Cider Mill Rd		City Southington		State CT	Zip Code 06489
Principal Occupation Professor		Name of Employer Goodwin College			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/08/2026	Aggregate Contributions \$52.40	\$50.00

Last Name Chaplinsky		First Paul		MI	Contribution ID # 0141
Residential Street Address 63 Macintosh Way		City Southington		State CT	Zip Code 06489
Principal Occupation Managemet		Name of Employer Dymax			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/08/2026	Aggregate Contributions \$52.40	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rich Mette 22	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Capozzi		First Ezio		MI	Contribution ID # 0140
Residential Street Address 8 Nod Rd		City Plainville		State CT	Zip Code 06062
Principal Occupation Service tech		Name of Employer Ct Auto Service			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/08/2026	Aggregate Contributions \$26.35	\$25.00

Last Name Triano		First Victoria		MI	Contribution ID # 0139
Residential Street Address 33 Belleview Ave		City Southington		State CT	Zip Code 06489
Principal Occupation Consultant		Name of Employer 33Belleview Ave			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/08/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Brenner		First Bethaney		MI	Contribution ID # 0138
Residential Street Address 198 Cooke		City Plainville		State CT	Zip Code 06062
Principal Occupation Dentist		Name of Employer Dr Bethaney Brenner LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/08/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Clark		First Cassandra		MI	Contribution ID # 0147
Residential Street Address 129 Tomlinson Ave		City Plainville		State CT	Zip Code 06062
Principal Occupation RN		Name of Employer Family Care Visiting Nurses			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/09/2026	Aggregate Contributions \$52.40	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rich Mette 22	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Martin		First Katelyn		MI R	Contribution ID # 0058
Residential Street Address 236 Carter Ln		City Southington		State CT	Zip Code 06489
Principal Occupation Barista		Name of Employer Southington Coffee House			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/10/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Lehnow		First Cheri		MI CT	Contribution ID # 0048
Residential Street Address 10 Hillcrest		City Plainville		State CT	Zip Code 06062
Principal Occupation Protographer		Name of Employer Cheri Lehnow Protographer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/10/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Matney		First Merle Diane		MI CT	Contribution ID # 0047
Residential Street Address 1985 West St Unit 30		City Southington		State CT	Zip Code 06489
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/10/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Lehmon		First Justin		MI CT	Contribution ID # 0046
Residential Street Address 10 Hillcrest		City Plainville		State CT	Zip Code 06062
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/10/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rich Mette 22	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Emond		First Gilbert IV		MI	Contribution ID # 0045
Residential Street Address 312 Hightower		City Southington		State CT	Zip Code
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/10/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Emond		First Sandra		MI M	Contribution ID # 0044
Residential Street Address 312 Hightower Rd		City Southington		State CT	Zip Code 06489
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/10/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Martin		First Jeremiah		MI L	Contribution ID # 0056
Residential Street Address 236 Carter Ln		City Southington		State CT	Zip Code 06489
Principal Occupation Wen & Graohic designer		Name of Employer Develomark			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/13/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Boyle		First Bryon		MI	Contribution ID # 0055
Residential Street Address 1541 West St		City Southington		State CT	Zip Code 06489
Principal Occupation Pastor		Name of Employer Central Baptist Church			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/13/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rich Mette 22	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name McKeever		First Crystal		MI CT	Contribution ID # 0054
Residential Street Address 1505 West St		City Southington		State CT	Zip Code 06489
Principal Occupation Teacher		Name of Employer Central Christian Academy			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/13/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Marchesi,		First Nicholas		MI H	Contribution ID # 0070
Residential Street Address 43 Forestville Ave		City Plainville		State CT	Zip Code
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/13/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Wilk		First Timothy		MI J	Contribution ID # 0069
Residential Street Address 144 Scenic Dr		City Southington		State CT	Zip Code 06489
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/13/2026	Aggregate Contributions \$60.00	\$40.00

Last Name Pitti		First Ernest		MI H	Contribution ID # 0068
Residential Street Address 65 Palmorr Pl		City Bristol		State CT	Zip Code 06010
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/14/2026	Aggregate Contributions \$40.00	\$40.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rich Mette 22	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Domigao		First Dean		MI M	Contribution ID # 0067
Residential Street Address 3 Lorenzo Pl		City Bristol		State CT	Zip Code 06101
Principal Occupation Laborer		Name of Employer Superior Rental/ Rogers Ele			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/14/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Cooley		First Francis		MI	Contribution ID # 0066
Residential Street Address 409 East St # 7		City Plainville		State CT	Zip Code 06062
Principal Occupation Substitute Teacher		Name of Employer ESS			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/14/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Oliveria		First David		MI	Contribution ID # 0065
Residential Street Address 14A Perron		City Plainville		State CT	Zip Code 06062
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/14/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Kaleodis		First Pantelis		MI	Contribution ID # 0077
Residential Street Address 134 Hollyberry Ln		City Plainville		State CT	Zip Code 06062
Principal Occupation owner operator		Name of Employer West Mian Pizza			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/14/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rich Mette 22	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Beausoleil		First Brady		MI	Contribution ID # 0076
Residential Street Address 41 Condale Ln		City Plainville		State CT	Zip Code 06062
Principal Occupation Foreman		Name of Employer Mizzy Constructioin			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/14/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Mooney		First Brenda		MI	Contribution ID # 0075
Residential Street Address 35 Beckwith Dr		City Plainville		State CT	Zip Code 06062
Principal Occupation Instructor		Name of Employer Raython			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/14/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Carlson		First Douglas		MI	Contribution ID # 0074
Residential Street Address 54 Hughes St		City Plainville		State CT	Zip Code 06062
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/14/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Edman		First Joanne		MI	Contribution ID # 0073
Residential Street Address 166 W Main St		City Plainville		State CT	Zip Code 06062
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/14/2026	Aggregate Contributions \$20.00	\$20.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rich Mette 22	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Cianchetti		First Matthew		MI R	Contribution ID # 0072
Residential Street Address 34 Perron Poad		City Plainville		State CT	Zip Code 06062
Principal Occupation Sales		Name of Employer Mac Tools			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/14/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Nanowski		First Devon		MI 	Contribution ID # 0071
Residential Street Address 26 James Pl		City Plainville		State CT	Zip Code 06062
Principal Occupation Trucking		Name of Employer D.F. Nanowski LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/14/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Pugliese		First Kathy		MI 	Contribution ID # 0152
Residential Street Address 50 W Broad		City Plainville		State CT	Zip Code 06062
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/14/2026	Aggregate Contributions \$200.00	\$200.00

Last Name Martin		First Henri		MI 	Contribution ID # 0151
Residential Street Address 7 Ipswitch		City Bristol		State CT	Zip Code 06010
Principal Occupation Broker		Name of Employer Henri Martin Real Estate			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/14/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rich Mette 22	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Smith		First Win		MI	Contribution ID # 0150
Residential Street Address 334 Edgefield Ave		City Milford		State CT	Zip Code 06460
Principal Occupation Attorney		Name of Employer Dey, Smith & Steel			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/14/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Buchanan		First Rachel		MI	Contribution ID # 0149
Residential Street Address 134 Broad St		City Plainville		State CT	Zip Code 06062
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/14/2026	Aggregate Contributions \$105.00	\$5.00

Last Name Petit Jr		First William		MI A	Contribution ID # 0148
Residential Street Address 132 Redstone HI		City Plainville		State CT	Zip Code 06062
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/14/2026	Aggregate Contributions \$250.00	\$250.00

Last Name Barrett		First Molly		MI	Contribution ID # 0033
Residential Street Address 68 Northampton Ln		City Plainville		State CT	Zip Code 06062
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 05/17/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rich Mette 22	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Plourde		First Peter		MI R	Contribution ID # 0088
Residential Street Address 18 Cianci Ave		City Plainville		State CT	Zip Code 06062
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/20/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Liegeot		First Linda		MI A	Contribution ID # 0087
Residential Street Address 126 Doral Rd		City Southington		State CT	Zip Code 06489
Principal Occupation IT		Name of Employer Travelers			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/20/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Liegeot		First Eric		MI J	Contribution ID # 0086
Residential Street Address 126 Doral Ln		City Southington		State CT	Zip Code 06062
Principal Occupation Sales Advisor		Name of Employer AMP Corp			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/20/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Levesque		First Jason		MI	Contribution ID # 0084
Residential Street Address 36 White Oak		City Plainville		State CT	Zip Code 06062
Principal Occupation Laborer		Name of Employer Manafort Construction			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/20/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rich Mette 22	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Walton		First Rebecca		MI R	Contribution ID # 0083
Residential Street Address 36 White Oak Ave		City Plainville		State CT	Zip Code 06062
Principal Occupation Registered Nurse		Name of Employer Elevance/Ameriben			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/20/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Rydel		First Richard		MI D	Contribution ID # 0082
Residential Street Address 16 Park St		City Plainville		State CT	Zip Code 06062
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/20/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Salch		First Rachel		MI N	Contribution ID # 0081
Residential Street Address 16 Park St		City Plainville		State CT	Zip Code 06062
Principal Occupation Landscape Architect		Name of Employer BSC Group			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/20/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Pugliese		First Francis III		MI R	Contribution ID # 0080
Residential Street Address 63 Pierce		City Plainville		State CT	Zip Code 06062
Principal Occupation Machine Operator		Name of Employer Forestville Machine			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/22/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rich Mette 22	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Pugliese		First Frances		MI R	Contribution ID # 0079
Residential Street Address 63 Perce St		City Plainville		State CT	Zip Code 06062
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/22/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Fensick III		First George		MI J	Contribution ID # 0078
Residential Street Address 2 Pinecrest Dr		City Plainville		State CT	Zip Code 06062
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/22/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Cavallaro		First Donna		MI	Contribution ID # 0154
Residential Street Address 30 Robert St		City Plainville		State CT	Zip Code 06062
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/24/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Publiese		First Bob		MI	Contribution ID # 0153
Residential Street Address 50 W Broad St		City Plainville		State CT	Zip Code 06062
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/24/2026	Aggregate Contributions \$200.00	\$200.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rich Mette 22	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Hallgren		First Melissa		MI	Contribution ID # 0157
Residential Street Address 31 Birchcrest Dr		City Southington		State CT	Zip Code 06489
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/25/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Lajoie		First Mark		MI	Contribution ID # 0156
Residential Street Address 372 Kensington Ave		City Southington		State CT	Zip Code 06489
Principal Occupation VPO		Name of Employer Berlin Steel			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/25/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Case		First william		MI	Contribution ID # 0155
Residential Street Address 14 Honeysuckle Dr		City Farmington		State CT	Zip Code
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/25/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Petit		First June		MI	Contribution ID # 0085
Residential Street Address 150 Broad St		City Plainville		State CT	Zip Code 06062
Principal Occupation Therapist Asst		Name of Employer Bristol Adult Resource Center			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/26/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rich Mette 22	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name MacDonald		First John		MI C	Contribution ID # 0093
Residential Street Address 26 Chimney Hill Dr		City Farmington		State CT	Zip Code 06032
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/26/2026	Aggregate Contributions \$5.00	\$5.00

Last Name O'Connor		First Dan		MI F	Contribution ID # 0092
Residential Street Address * 44 Glacier Way		City Southington		State CT	Zip Code 06489
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/26/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Casey		First Karen		MI A	Contribution ID # 0091
Residential Street Address 41 Red Stone		City Plainville		State CT	Zip Code 06062
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/26/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Petit		First Richard		MI M	Contribution ID # 0089
Residential Street Address 150 Broad St		City Plainville		State CT	Zip Code 06062
Principal Occupation Gen Mgr		Name of Employer CAPS L&P LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/26/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rich Mette 22	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Davidson		First Barbara		MI J	Contribution ID # 0104
Residential Street Address 28 Northampton Ln		City Plainville		State CT	Zip Code
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/27/2026	Aggregate Contributions \$150.00	\$100.00

Last Name Casarella		First Marcus		MI	Contribution ID # 0160
Residential Street Address 129 Milford Street Ext # B1		City Plainville		State CT	Zip Code
Principal Occupation Sales		Name of Employer Pet Partners			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/28/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Hoxha		First Joe		MI	Contribution ID # 0159
Residential Street Address 18 Mills		City Bristol		State CT	Zip Code
Principal Occupation Legislator		Name of Employer Ct Gen Assmbly			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/28/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Serafino		First Joshua		MI	Contribution ID # 0158
Residential Street Address 717 Pleasant St		City Southington		State CT	Zip Code 06489
Principal Occupation Owner		Name of Employer Lock & Load Firearme			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☐ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/28/2026	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rich Mette 22	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Case		First Elizabeth		MI H	Contribution ID # 0096
Residential Street Address 14 Honeysuckle Dr		City Farmington		State CT	Zip Code 06032
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/28/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Bigelow		First Peter		MI CT	Contribution ID # 0095
Residential Street Address 5 Magnolia Cir		City Farmington		State CT	Zip Code 06032
Principal Occupation Retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/28/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Dunn		First Priscilla		MI B	Contribution ID # 0094
Residential Street Address 4 Primrose Ln		City Farmington		State CT	Zip Code
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/28/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Petit Jr		First William		MI A	Contribution ID # 0098
Residential Street Address 132 Redstone HI		City Plainville		State CT	Zip Code
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/31/2026	Aggregate Contributions \$260.00	\$10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rich Mette 22	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Irizarry		First Jacob		MI E	Contribution ID # 0097
Residential Street Address 68 Northampton		City Plainville		State CT	Zip Code 06062
Principal Occupation Veterinary Ass't		Name of Employer Yalesville Vet Hosp			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/31/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Daly		First Dolores		MI I	Contribution ID # 0101
Residential Street Address 30 Prosperity		City Southington		State CT	Zip Code 06489
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/01/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Williams		First Connor		MI D	Contribution ID # 0100
Residential Street Address 273 Queen St Unit 3C		City Southington		State CT	Zip Code 06479
Principal Occupation Qlty Aerospace Inspector		Name of Employer Click Bond			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/01/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Daly		First Richard		MI H	Contribution ID # 0099
Residential Street Address 30 Prosperity Ct Unit 11		City Southington		State CT	Zip Code 06497
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/01/2026	Aggregate Contributions \$10.00	\$10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rich Mette 22	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Pheasant		First Jason		MI	Contribution ID # 0161
Residential Street Address 34 Broad St		City Plainville		State CT	Zip Code 06062
Principal Occupation Press Secretary		Name of Employer St 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 06/05/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Sawczuk		First Stephen		MI	Contribution ID # 0162
Residential Street Address 11 Sgtandstone		City Plainville		State CT	Zip Code 06062
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/07/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Zack		First Carrie		MI	Contribution ID # 0103
Residential Street Address 87 Hollyberry Ln		City Plainville		State CT	Zip Code 06062
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/07/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Zack		First Brian		MI P	Contribution ID # 0102
Residential Street Address 87 Hollyberry Ln		City Plainville		State CT	Zip Code 06062
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/07/2026	Aggregate Contributions \$10.00	\$10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rich Mette 22	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Carrier		First Francine		MI	Contribution ID # 0107
Residential Street Address 51 Lavendar		City Southington		State CT	Zip Code 06489
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/09/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Carrier		First Jake		MI	Contribution ID # 0106
Residential Street Address 51 Lavendar Ln		City Southington		State CT	Zip Code 06489
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/09/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Melanson		First Don		MI	Contribution ID # 0168
Residential Street Address 3 Adams Way		City Plainville		State CT	Zip Code 06062
Principal Occupation VP Operatiopns		Name of Employer Wire Tech LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/09/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Tonon		First Robert		MI	Contribution ID # 0167
Residential Street Address 106 Ashwell		City Plantsville		State CT	Zip Code 06479
Principal Occupation Electrician		Name of Employer Self-Safeguard electric			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/09/2026	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rich Mette 22	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Carrier		First Johnny		MI	Contribution ID # 0166
Residential Street Address 18 Riverwood		City Farmington		State CT	Zip Code 06032
Principal Occupation Engineer		Name of Employer Carrier Group			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/09/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Carrier		First Patrick		MI	Contribution ID # 0165
Residential Street Address 19 Taine Mount Rd		City Unionville		State CT	Zip Code 06085
Principal Occupation Home Builder		Name of Employer Carrier Group			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/09/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Carrier		First Danny		MI	Contribution ID # 0164
Residential Street Address 10 Field St		City Plainville		State CT	Zip Code 06062
Principal Occupation Supervisor		Name of Employer Carrier Group			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/09/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Chaplinsky		First Todd		MI	Contribution ID # 0163
Residential Street Address 140 Washington Dr		City Southington		State CT	Zip Code 06489
Principal Occupation Auditor		Name of Employer CVS Health			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event 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	\$10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rich Mette 22	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Stanford		First Wayne		MI	Contribution ID # 0177
Residential Street Address 95 Meeker Rd		City Southington		State CT	Zip Code 06489
Principal Occupation CPA		Name of Employer WWS CPA			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/14/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Penta		First Steven		MI	Contribution ID # 0176
Residential Street Address 40 Dallas Ave		City Plainville		State CT	Zip Code 06062
Principal Occupation Sprinkler Fitter Jour		Name of Employer Summit Fire			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/14/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Melninkaitis		First Lisa		MI	Contribution ID # 0175
Residential Street Address 310 Cooke		City Plainville		State CT	Zip Code 06062
Principal Occupation Landlord		Name of Employer Downtown Whiting St			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/14/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Leary		First John		MI	Contribution ID # 0174
Residential Street Address 244 Hart St		City Southington		State CT	Zip Code 06489
Principal Occupation Accounting Director		Name of Employer Timex Group			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/15/2026	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rich Mette 22	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Morrison		First Tony		MI	Contribution ID # 0173
Residential Street Address 49 Blocher Farm Pl		City Southington		State CT	Zip Code 06489
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/15/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Del Santo		First Mike		MI	Contribution ID # 0172
Residential Street Address 70 Southington Ave		City Southington		State CT	Zip Code 06489
Principal Occupation Supervisor Fam Srv		Name of Employer St of Ct Judicial Branch			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/15/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Clark		First Colleen		MI	Contribution ID # 0171
Residential Street Address 612 Sdouth End Rd		City Plantsville		State CT	Zip Code 06479
Principal Occupation Aquatic Inst		Name of Employer YMCA			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event 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 \$25.00	\$25.00

Last Name Capozzi		First Ezio		MI	Contribution ID # 0170
Residential Street Address 8 Nod Rd		City Plainville		State CT	Zip Code 06062
Principal Occupation Service tech		Name of Employer Ct Auto Service			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/15/2026	Aggregate Contributions \$76.35	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rich Mette 22	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Cyr		First Ruth		MI 	Contribution ID # 0169
Residential Street Address 103 Berlin Ave		City Southington		State CT	Zip Code 06489
Principal Occupation Enroll Agent		Name of Employer RES Consuting & Tax Service			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/15/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Muller		First Rebecca		MI J	Contribution ID # 0111
Residential Street Address 6 Maple Rd		City Southington		State CT	Zip Code 06489
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 06/17/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Grabowski		First Thomas		MI A	Contribution ID # 0110
Residential Street Address 40 Fairbanka St .		City Plainville		State CT	Zip Code 06062
Principal Occupation Owner		Name of Employer Tags Tackle Box			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of 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 \$5.00	\$5.00

Last Name Penta		First Nikolas		MI A	Contribution ID # 0109
Residential Street Address 40 Dallas		City Plainville		State CT	Zip Code 06062
Principal Occupation Sprinkler Fitter		Name of Employer Summit Fire Protection			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of 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 \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rich Mette 22	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Penta		First Cari		MI A	Contribution ID # 0108
Residential Street Address 40 Dallas Ave		City Plainville		State CT	Zip Code 06062
Principal Occupation Para Monitor		Name of Employer Plv Bd of Ed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of 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 \$5.00	\$5.00

Last Name Binette		First Brian		MI CT	Contribution ID # 0190
Residential Street Address 70 Sanford Ave		City Unionville		State CT	Zip Code 06085
Principal Occupation unemployed		Name of Employer unemployed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/18/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Binette		First Tyler		MI CT	Contribution ID # 0189
Residential Street Address 123 Old North Rd		City Barkhamsted		State CT	Zip Code 06063
Principal Occupation Owner		Name of Employer Weatherproof Systems			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/18/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Triano LaChapelle		First Andrea		MI CT	Contribution ID # 0188
Residential Street Address 119 Eden Ave		City Southington		State CT	Zip Code 06489
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/18/2026	Aggregate Contributions \$20.00	\$20.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rich Mette 22	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Edman		First David		MI	Contribution ID # 0187
Residential Street Address 41 Burning Tree Dr		City Southington		State CT	Zip Code 06489
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/18/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Pheasant		First Jason		MI	Contribution ID # 0186
Residential Street Address 34 Broad St		City Plainville		State CT	Zip Code 06062
Principal Occupation Press Secretary		Name of Employer St 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 06/18/2026	Aggregate Contributions \$15.00	\$10.00

Last Name Bergenty		First Brianne		MI C	Contribution ID # 0123
Residential Street Address 82 Linden St		City Plainville		State CT	Zip Code 06062
Principal Occupation Teacher		Name of Employer New Britain School Systems			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/19/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Benoit		First David		MI	Contribution ID # 0122
Residential Street Address 42 Ledge Rd		City Plainville		State CT	Zip Code 06062
Principal Occupation unemployed		Name of Employer unemployed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/19/2026	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rich Mette 22	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Benoit		First Cathy		MI	Contribution ID # 0121
Residential Street Address 42 Ledge Rd		City Plainville		State CT	Zip Code 06062
Principal Occupation unemployed		Name of Employer unemployed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/19/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Smith III		First Carl		MI N	Contribution ID # 0119
Residential Street Address 129 Tomlinson Ave		City Plainville		State CT	Zip Code 06062
Principal Occupation counter person		Name of Employer Lessard Lanes			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/19/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Pich		First Angela		MI	Contribution ID # 0118
Residential Street Address 134 Broad St		City Plainville		State CT	Zip Code 06062
Principal Occupation Ins Sales		Name of Employer GEICO			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/19/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Bedeli		First Shayna		MI V	Contribution ID # 0117
Residential Street Address 134 Broad St Apt 2		City Plainville		State CT	Zip Code
Principal Occupation Ass't mgr		Name of Employer Best Cleaners			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/19/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rich Mette 22	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Deprey		First Scott		MI	Contribution ID # 0116
Residential Street Address 66 Robert St		City Plainville		State CT	Zip Code 06062
Principal Occupation Contractor		Name of Employer LARich			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/19/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Clark		First Skylar		MI	Contribution ID # 0115
Residential Street Address 129 Tomlinson Ave		City Plainville		State CT	Zip Code 06062
Principal Occupation Student		Name of Employer Student			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/19/2026	Aggregate Contributions \$5.00	\$5.00

Last Name May		First Duncan		MI W	Contribution ID # 0114
Residential Street Address 14 Church St		City Plainville		State CT	Zip Code
Principal Occupation CPA		Name of Employer Millwe, Moriarty & 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 06/19/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Winkleman		First Jonah		MI	Contribution ID # 0203
Residential Street Address 37 Tyler Farms Rd		City Plainville		State CT	Zip Code 06062
Principal Occupation student		Name of Employer student			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/19/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rich Mette 22	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Winkleman		First Maya		MI	Contribution ID # 0202
Residential Street Address 37 Tyler Farms Rd		City Plainville		State CT	Zip Code 06062
Principal Occupation student		Name of Employer student			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/19/2026	Aggregate Contributions \$10.00	\$5.00

Last Name Winkleman		First Maya		MI	Contribution ID # 0201
Residential Street Address 37 Tyler Farms Rd		City Plainville		State CT	Zip Code
Principal Occupation student		Name of Employer student			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/19/2026	Aggregate Contributions \$10.00	\$5.00

Last Name Whalen		First Susan		MI	Contribution ID # 0200
Residential Street Address 8 Nod Rd		City Plainville		State CT	Zip Code 06062
Principal Occupation Teacher		Name of Employer YMCA			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event 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 \$25.00	\$25.00

Last Name Steadman		First Kathy		MI	Contribution ID # 0199
Residential Street Address 37 Tyler Farms Rd		City Plainville		State CT	Zip Code 06062
Principal Occupation Libtarian		Name of Employer W Hartford Public Library			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/19/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rich Mette 22	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Jones		First Jenny		MI	Contribution ID # 0198
Residential Street Address 33 Black Walnut		City Burlington		State CT	Zip Code 06013
Principal Occupation Teacher		Name of Employer Bristol Schools			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/19/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Domejczyk		First Matthew		MI	Contribution ID # 0197
Residential Street Address 1485 Farmington Ave		City Farmington		State CT	Zip Code 06032
Principal Occupation Ass't Clerk		Name of Employer Cy Gen Assembly			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/19/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Carrier		First Nancy		MI	Contribution ID # 0196
Residential Street Address 39 Hunters Rdg		City Unionville		State CT	Zip Code 06085
Principal Occupation Teacher Ass't		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 06/19/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Carrier		First Noel		MI	Contribution ID # 0195
Residential Street Address 38 Cross Creek Ln		City Unionville		State CT	Zip Code 06085
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/19/2026	Aggregate Contributions \$20.00	\$20.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rich Mette 22	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Carrier		First Francine		MI	Contribution ID # 0194
Residential Street Address 38 Cross Creek Ln		City Unionville		State CT	Zip Code 06085
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/19/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Carrier		First Michelle		MI	Contribution ID # 0193
Residential Street Address 18 Overlook Rd		City Terryville		State CT	Zip Code 06786
Principal Occupation LPN		Name of Employer Avon Bd of Ed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/19/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Carrier		First Michael		MI	Contribution ID # 0192
Residential Street Address 13 Hunters Rdg		City Unionville		State CT	Zip Code
Principal Occupation Owner		Name of Employer Secured Modernized Homes			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/19/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Binette		First Sylvie		MI	Contribution ID # 0191
Residential Street Address 70 Sanford Ave		City Unionville		State CT	Zip Code 06085
Principal Occupation Self Employed		Name of Employer Carrier Academy			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event 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 \$20.00	\$20.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rich Mette 22	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Catanzaro		First Lawerance		MI	Contribution ID # 0113
Residential Street Address 2 Hollis Ln		City Plainville		State CT	Zip Code
Principal Occupation Sales		Name of Employer AcS Endico			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/19/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Catanzaro		First Caterina		MI	Contribution ID # 0112
Residential Street Address 2 Hollis Ln		City Plainville		State CT	Zip Code
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/19/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Adler		First Alyssa		MI	Contribution ID # 0184
Residential Street Address 33 Firenzi Rd		City Farmington		State CT	Zip Code 06032
Principal Occupation Bus Prtn Coord		Name of Employer Goodwin University			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/20/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Petit Sr		First Michael Harry		MI	Contribution ID # 0183
Residential Street Address 311 River St		City Southington		State CT	Zip Code 06489
Principal Occupation Owner		Name of Employer P&P Foods			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/20/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rich Mette 22	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Palumbo		First Amy		MI	Contribution ID # 0182
Residential Street Address 11 Crosswoods Rd		City Farmington		State CT	Zip Code 06032
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/20/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Wolak		First Jane		MI	Contribution ID # 0130
Residential Street Address 15 Perron		City Plainville		State CT	Zip Code 06062
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/20/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Whitney		First Ronald		MI	Contribution ID # 0129
Residential Street Address 10 Red Oak Dr		City Southington		State CT	Zip Code 06489
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/20/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Pugliese		First Vincent T		MI T	Contribution ID # 0128
Residential Street Address 82 Linden St		City Plainville		State CT	Zip Code 06062
Principal Occupation HVAC Journeyman		Name of Employer Ferguson Mechanical Controls			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/20/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rich Mette 22	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Pugliese		First Gail		MI	Contribution ID # 0127
Residential Street Address 115 Arcadia Ave		City Plainville		State CT	Zip Code 06062
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/20/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Pliska		First Paul		MI H	Contribution ID # 0126
Residential Street Address 21 Timber Hill Rd		City Plainville		State CT	Zip Code 06062
Principal Occupation Truck Driver		Name of Employer All State Cons't			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/20/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Fensick		First Sharon		MI M	Contribution ID # 0125
Residential Street Address 21 Timber Hill Rd		City Plainville		State CT	Zip Code 06062
Principal Occupation Project Coordinator		Name of Employer All State Con't			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/20/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Clark		First Donald		MI P	Contribution ID # 0124
Residential Street Address 129 Tomlinson Ave		City Plainville		State CT	Zip Code 06062
Principal Occupation ChemicalMix Tech		Name of Employer Orafol			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/20/2026	Aggregate Contributions \$10.00	\$10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rich Mette 22	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Pheasant		First Kendra		MI	Contribution ID # 0185
Residential Street Address 34 Broad St .		City Plainville		State CT	Zip Code 06062
Principal Occupation Ex Dir		Name of Employer S&S Mgmt Srvs			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/20/2026	Aggregate Contributions \$5.00	\$5.00

Last Name O'Brien		First Sharon		MI M	Contribution ID # 0181
Residential Street Address 190 Moore Hill Dr		City Southington		State CT	Zip Code 06489
Principal Occupation Owner Manager		Name of Employer Hillside Properties			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/21/2026	Aggregate Contributions \$35.00	\$25.00

Last Name Baker		First Mary		MI E	Contribution ID # 0180
Residential Street Address 50 Burning Tree Dr		City Southington		State CT	Zip Code 06489
Principal Occupation Civil Engineer		Name of Employer Ct Dept of Tfransportation			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/21/2026	Aggregate Contributions \$100.00	\$50.00

Last Name Clock		First Jennifer		MI	Contribution ID # 0179
Residential Street Address 104 Ciccio Rd		City Southington		State CT	Zip Code 06062
Principal Occupation Operations VP		Name of Employer NEIS LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/21/2026	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rich Mette 22	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Mazurick		First Milo		MI	Contribution ID # 0178
Residential Street Address 196 Milford St		City Plainville		State CT	Zip Code 06062
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/21/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Mainville		First Jennie-Lynn		MI	Contribution ID # 0207
Residential Street Address 431 Ansantawae Rd		City Milford		State CT	Zip Code 06460
Principal Occupation Judiciary Clerk		Name of Employer St 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 06/22/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Mette		First Russell		MI N	Contribution ID # 0206
Residential Street Address 2156 Xanadu Loop		City The Villages		State FL	Zip Code 32163
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/22/2026	Aggregate Contributions \$200.00	\$200.00

Last Name Iannicelli		First Donald		MI	Contribution ID # 0204
Residential Street Address 233 Meriden Ave		City Southington		State CT	Zip Code 06489
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/22/2026	Aggregate Contributions \$20.00	\$20.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rich Mette 22	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Ayotte		First Danny		MI R	Contribution ID # 0120
Residential Street Address 115 Arcadia Ave		City Plainville		State CT	Zip Code 06062
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/22/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Shugarts		First Johathon		MI 	Contribution ID # 0205
Residential Street Address 466 East St		City Plainville		State CT	Zip Code 06062
Principal Occupation Public Affires rep		Name of Employer Ct House Republicans			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/25/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Testi		First Carmen		MI 	Contribution ID # 0211
Residential Street Address 466 East St		City Plainville		State CT	Zip Code 06062
Principal Occupation Public Affairs rep		Name of Employer Ct House Rep			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/25/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Daly		First Jane		MI 	Contribution ID # 0210
Residential Street Address 29 Great Plain Dr		City Plainville		State CT	Zip Code 06062
Principal Occupation Oper Mgr		Name of Employer Amwis Ins			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of 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 \$300.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rich Mette 22	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Capodiferro		First Joseph		MI	Contribution ID # 0209
Residential Street Address 101 Woodruff Rd		City Farmington		State CT	Zip Code 06062
Principal Occupation Realtor		Name of Employer New England Realty			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/28/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Coughlin		First Heidi		MI	Contribution ID # 0208
Residential Street Address 131 Broad St		City Plainville		State CT	Zip Code 06062
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Dennehy		First Gayle		MI B	Contribution ID # 0213
Residential Street Address 28 Perron Rd		City Plainville		State CT	Zip Code 06062
Principal Occupation Realtor		Name of Employer Dennehy&Company LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$405.00	\$100.00

Last Name Carrier		First Rejean		MI M	Contribution ID # 0212
Residential Street Address 28 Perron Rd		City Plainville		State CT	Zip Code 06062
Principal Occupation House Builder		Name of Employer Carrier Home Builders			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$300.00	\$100.00

Total of Section B			\$7,320.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS	(Sections A + B)	(Total on Line 14, Column A of Summary Page)	\$7,320.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rich Mette 22	July 10 Filing - Amendment

C1. Contributions from Other Committees

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

Total of Section C1

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Rich Mette 22	July 10 Filing - Amendment

C2. Reimbursements or Surplus Distributions from other Committees

Name of Committee				Name of Treasurer		
Address					Date Received	Amount of Receipt
				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
Rich Mette 22	July 10 Filing - Amendment

D. Loans Received this Period

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

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Rich Mette 22	July 10 Filing - Amendment

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

Date of Receipt	Method of Payment	Amount
05/13/2026	☒ Cash ☐ Personal Check ☐ Credit/Debit Card	\$450.00
Total of Section E		\$450.00

I. Monetary Receipts (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Rich Mette 22	July 10 Filing - Amendment

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
Rich Mette 22	July 10 Filing - Amendment

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

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

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Rich Mette 22	July 10 Filing - Amendment

I. Miscellaneous Monetary Receipts not Considered Contributions

Name			Date of Transaction		Amount Received
CEF			05/28/2026		
Street Address		City	State	Zip Code	
55 Farmington Ave		Hartford	CT	06105	
Description					\$0.03
Test Transaction					
Total of Section I					\$0.03

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Rich Mette 22				July 10 Filing - Amendment	
J1. Event Information					
Event # Date of Event 05/13/2026	Letter A	Description Meet and Greet Event		Was this a fundraising event? ☒ Yes ☐ No	
Location: Street Address 97 E Main St			City Plainville	State CT	Zip Code 06062
Was this event hosted at a personal residence?			☐ Yes ☒ No	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.	
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?			☐ Yes ☒ No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?			☐ Yes ☒ No	(If yes, enter Total Receipts here.) \$0.00	
Total of Section J1					\$0.00

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Rich Mette 22				July 10 Filing - Amendment	
J3. In-Kind Donations Not Considered Contributions					
Name of the Donor					
Street Address			City	State	Zip Code
Donation Given by:	Description of Donation			Fair Market Value of Donation	
Individual					
Business Entity	Date Received	Event #	Aggregate value for this event		
Sole Proprietorship					
Total of Section J3					

II.EVENT ACTIVITY (Sections J1 - J4)

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

TYPE OF REPORT

Rich Mette 22

July 10 Filing - Amendment

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

Name of Host

Is this event supporting more than one candidate?

Yes

No

If yes, complete Itemization in
Addendum J4

Street Address

City

State

Zip Code

Description of Donation

Fair Market Value of
Donation

Event #

Aggregate value of this Event - all hosts

Aggregate value of all Events - this host/candidate

Total of Section J4

III. NONMONETARY RECEIPTS (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rich Mette 22	July 10 Filing - Amendment
K. In-Kind Contributions	

Name Colette M Casey				
Street Address 32 Roseleah Ave		City Plainville	State CT	Zip Code 06062
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event#	Description of In-Kind Contribution Paid anedot fee			
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 05/07/2026	Aggregate contributions \$126.35	Fair Market Value of this Contribution \$1.35	

Name DEBORAH TOMPKINS				
Street Address 21 McDonald		City Plainville	State CT	Zip Code 06062
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event#	Description of In-Kind Contribution Pain anedot fee			
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 05/07/2026	Aggregate contributions \$26.35	Fair Market Value of this Contribution \$1.35	

III. NONMONETARY RECEIPTS (Sections K - L)

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

TYPE OF REPORT

Rich Mette 22

July 10 Filing - Amendment

K. In-Kind Contributions

Name

Ezio Capozzi

Street Address

8 Nod Rd

City

Plainville

State

CT

Zip Code

06062

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

☐

Yes

☒

No

If yes, list Event#

Description of In-Kind Contribution

paid anedot fee

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

05/08/2026

Aggregate contributions

\$26.35**\$1.35**

Name

Paul Chaplinsky

Street Address

63 Macintosh Way

City

Southington

State

CT

Zip Code

06489

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

☐

Yes

☒

No

If yes, list Event#

Description of In-Kind Contribution

paid anedot fee

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

05/08/2026

Aggregate contributions

\$52.40**\$2.40**

III. NONMONETARY RECEIPTS (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rich Mette 22	July 10 Filing - Amendment
K. In-Kind Contributions	

Name Peter Santago				
Street Address 201 Old Cider Mill Rd		City Southington	State CT	Zip Code 06489
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event#	Description of In-Kind Contribution paid anedot fee			
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 05/08/2026	Aggregate contributions \$52.40	\$2.40	

Name Michael Baker				
Street Address 50 Burning Tree Dr		City Southington	State CT	Zip Code 06489
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event#	Description of In-Kind Contribution paid anedot fee			
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 05/08/2026	Aggregate contributions \$41.98	\$1.98	

III. NONMONETARY RECEIPTS (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rich Mette 22	July 10 Filing - Amendment
K. In-Kind Contributions	

Name Marie Micacci Fisher				
Street Address 462 Edgewood Rd		City Southington	State CT	Zip Code 06489
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event#	Description of In-Kind Contribution paid anedot fee			
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 05/08/2026	Aggregate contributions \$52.40	\$2.40	

Name David Buchanan				
Street Address 134 Broad St		City Plainville	State CT	Zip Code 06062
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event#	Description of In-Kind Contribution paid anedot fee			
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 05/08/2026	Aggregate contributions \$52.40	\$2.40	

III. NONMONETARY RECEIPTS (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rich Mette 22	July 10 Filing - Amendment
K. In-Kind Contributions	

Name Cassandra Clark				
Street Address 129 Tomlinson Ave		City Plainville	State CT	Zip Code 06062
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event#	Description of In-Kind Contribution paid			
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? 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 05/08/2026	Aggregate contributions \$2.40		\$2.40

Name Gayle B Dennehy				
Street Address 28 Perron Rd		City Plainville	State CT	Zip Code 06062
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event#	Description of In-Kind Contribution room rental			
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? 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 05/08/2026	Aggregate contributions \$305.00		\$100.00

Total of Section K	\$118.03
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III. Non Monetary Receipts (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rich Mette 22	July 10 Filing - Amendment
L. Refundable Deposit to Telephone Company	

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

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rich Mette 22	July 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee Anedot		Date of Payment 05/13/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave		City Dallas		State TX
Zip Code 41002				
Purpose of Expendit BNK	Description Various anedot charges throught this cycle			Amount \$147.90
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	
Name of Payee Outfront		Date of Payment 06/15/2026	Method of Payment ☒ Check # 1001 ☐ Debit Card ☐ EFT	
Street Address 959 Ushighway 49		City Parsippany		State NJ
Zip Code 07054				
Purpose of Expendit A-SIGN	Description Bill Board sign route 177			Amount \$825.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	
Name of Payee Rich Mette		Date of Payment 06/27/2026	Method of Payment ☒ Check # 1004 ☐ Debit Card ☐ EFT	
Street Address 29 Great Plains Dr		City Plainville		State CT
Zip Code 06062				
Purpose of Expendit Misc *	Description PO Box			Amount \$108.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rich Mette 22	July 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee Piper Burdette		Date of Payment 06/27/2026	Method of Payment ☒ Check # <u>1002</u> ☐ Debit Card ☐ EFT	
Street Address 53 Elm St		City Plantsville	State CT	Zip Code 06479
Purpose of Expendit Misc *	Description Data Entry			Amount \$100.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Plainville Republican Town Committee		Date of Payment 06/27/2026	Method of Payment ☒ Check # <u>1003</u> ☐ Debit Card ☐ EFT	
Street Address PO Box 701		City Plainville	State CT	Zip Code 06062
Purpose of Expendit Misc *	Description Reception meet the candidate reimbursement			Amount \$322.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event # 05132026A	

Total of Section N**\$1,502.90**

IV. EXPENDITURES (Sections N - S)

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

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					TYPE OF REPORT	
Rich Mette 22					July 10 Filing - Amendment	
P. Expenses Incurred on Committee Credit Card						
Name of Issuing Institution				Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☐ Other		
Name of Vendor					Date of Transaction	
Street Address			City		State	Zip Code
Purpose of Expenditure (by code)	Description				Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No						
If yes, assign an Expenditure # and complete Itemization in Addendum P			Expenditure # (if applicable)	Event #		
Total of Section P						

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Rich Mette 22				July 10 Filing - Amendment	
Q. Expenses Incurred By Committee but Not Paid During this Period					
Name of Creditor				Date Incurred	
Street Address			City	State	Zip Code
Purpose of Expenditure (by code)	Description				Amount Incurred (Estimate or Actual)
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No Expenditure # (if applicable) Event #					
If yes, assign an Expenditure # and completes Itemization in Addendum Q					
Total of Section Q					

IV. EXPENDITURES (Sections N - S)

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

TYPE OF REPORT

Rich Mette 22

July 10 Filing - Amendment

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant

First

MI

Date of Payment to Vendor

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

Check #

Debit Card

EFT

Name of Vendor Paid by Committee Worker/Consultant

Street Address of Vendor

City

State

Zip Code

Purpose of Expenditure
(by code)

Description

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

Yes

No

Expenditure #
(if applicable)

Event #

Amount

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

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

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

TYPE OF REPORT

Rich Mette 22

July 10 Filing - Amendment

S. Surplus Distribution of Equipment and Furniture

Name of Recipient

Street Address

City

State

Zip Code

Original Purchase
Amount of Item

Description of Item

Total of Section S

Section J4. ADDENDUM

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

Section N. ADDENDUM

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

Section P. ADDENDUM

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

Section Q. ADDENDUM	
NAME OF COMMITTEE	TYPE OF REPORT
Q. Expenses Incurred by Committee but Not Paid During this Period - Addendum	
Expenditure #	Amount of Expenditure
Name of Candidate	Office Sought

Section R. ADDENDUM	
NAME OF COMMITTEE	TYPE OF REPORT
R. Itemization of Reimbursements and Secondary Payees - Addendum	
Expenditure #	Amount of Expenditure
Name of Candidate	Office Sought