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

Electronic Filing

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COVER PAGE

1.NAME OF COMMITTEE	2. TYPE OF COMMITTEE
Kiner for Senate	[x] Candidate Committee [ ] Exploratory Committee

3. TREASURER NAME

First	MI	Last	Suffix
Christopher	**P**	**Renaud**	

4. TREASURER ADDRESS

Street Address	City	State	Zip Code
2 Jewel St	**Enfield**	**CT**	**06082-5711**

5. ELECTION DATE	6. OFFICE SOUGHT *(Complete only if Candidate Committee)*	7. DISTRICT NUMBER *(if applicable)*
11/03/2026	**State Senator**	**S007**

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

First	MI	Last	Suffix
David	**W**	**Kiner**	

9. TYPE OF REPORT

July 10 Filing - Original

10. PERIOD COVERED

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

11. CERTIFICATION

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

Electronic Filing	**Christopher Renaud**	**07/09/2026 10:33:49PM**
SIGNATURE	PRINT NAME OF THE SIGNER	DATE CERTIFIED

A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty of up to $25,000, unless a fine of a larger amount is otherwise provided for as a maximum fine in the Connecticut General Statutes.

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

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT	
Kiner for Senate	July 10 Filing - Original	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		**$0.00**
13. Balance on hand at the beginning of Reporting Period	**$14,182.57**	
14. Contributions received from Individuals (Section A and B)	**$7,620.00**	**$22,150.00**
15. Receipts from Other Committees (Sections C1 and C2)	**$0.00**	**$0.00**
16. Other Monetary Receipts (Section D through I)	**$0.00**	**$0.00**
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	**$0.00**	**$0.00**
18. Total Monetary Receipts (add totals for lines 14 through 17)	**$7,620.00**	**$22,150.00**
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	**$21,802.57**	**$22,150.00**
20. Expenses Paid by Committee (Section N)	**$8,804.37**	**$9,151.80**
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns)	**$12,998.20**	**$12,998.20**
22. In-Kind Donations not Considered Contributions Received (Section J3)	**$0.00**	**$0.00**
23. In-Kind Donations not Considered Contributions - House Party (Section J4)	**$0.00**	**$0.00**
24. In-Kind Contributions Received (Section K)	**$0.00**	**$0.00**
25. Refundable Deposit to Telephone Company (Section L)	**$0.00**	**$0.00**
26. Beginning Loan Balance	**$0.00**	
26a. + Loans Received (Section D)	**$0.00**	**$0.00**
26b. + Interest and Penalties on Loan(s)	**$0.00**	**$0.00**
26c. - Payments on Loan(s)	**$0.00**	**$0.00**
26d. Total Outstanding Loan Amount	**$0.00**	
27. Campaign Expenses Paid By Candidate (Section O)	**$0.00**	**$0.00**
28. Expenses Incurred on Committee Credit Card (Section P)	**$0.00**	**$0.00**
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	**$750.00**	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	**$750.00**	

I. MONETARY RECEIPTS (Section A-I)

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

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Henzel	Kevin		0264

Residential Street Address	City	State	Zip Code
60 Simon Rd	Enfield	CT	06082

Principal Occupation	Name of Employer
Merchandiser	Hallmark

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #

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

Date Received: 04/01/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Vella	Kristen		0263

Residential Street Address	City	State	Zip Code
417 Watervale Dr	St Augustine	FL	32092

Principal Occupation	Name of Employer
Sales	Jpmorgan

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

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

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

Amount of Contribution: $200.00

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

If yes, list Event #

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

Date Received: 04/01/2026

Aggregate Contributions: $200.00

Last Name	First	MI	Contribution ID #
Dynia	Mike		0262

Residential Street Address	City	State	Zip Code
29 Plainfield St	Enfield	CT	06082

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 04/01/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Kiner for Senate

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Hannan	Fran		0261

Residential Street Address	City	State	Zip Code
12 Beach Ct	Saratoga Springs	NY	12866

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $340.00

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

If yes, list Event #:

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

Date Received: 04/01/2026

Aggregate Contributions: $340.00

Last Name	First	MI	Contribution ID #
Cekala	Gina		0260

Residential Street Address	City	State	Zip Code
2 Grand View Dr	Enfield	CT	06082

Principal Occupation	Name of Employer
Attorney	Commonwealth of Massachusetts

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 04/01/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Wassung	David	p	0259

Residential Street Address	City	State	Zip Code
29 Tyler Rd	Enfield	CT	06082

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #:

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

Date Received: 04/01/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Rooke	Nancy	J	0266

Residential Street Address	City	State	Zip Code
16 Meadowbrook Mnr	Agawam	MA	01001

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #:

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

Date Received: 04/01/2026

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Kiner for Senate

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Gwozdz	Raymond		0265

Residential Street Address	City	State	Zip Code
44 Moody Rd .	Enfield	CT	06082

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $10.00

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

If yes, list Event #

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

Date Received: 04/01/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Canty	Leo		0269

Residential Street Address	City	State	Zip Code
52 Carriage House	Enfield	CT	06082

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 04/02/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Despard	Joanne	M	0268

Residential Street Address	City	State	Zip Code
363 Rogers Ave	West Springfield	MA	01089

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 04/02/2026

Aggregate Contributions: $75.00

Last Name	First	MI	Contribution ID #
Mickelson	Ann	H	0267

Residential Street Address	City	State	Zip Code
2800 Mountian Rd	West Suffield	CT	06093

Principal Occupation	Name of Employer
Veterinarian	Suffield Veterinary Hospital

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #

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

Date Received: 04/02/2026

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Kiner for Senate

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
O'Connor	Georgiann		0274

Residential Street Address	City	State	Zip Code
92 County Rd	Somers	CT	06071

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 04/03/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Mazzone	Brian		0273

Residential Street Address	City	State	Zip Code
13	Enfield	CT	06082

Principal Occupation	Name of Employer
Teacher	Town of Enfield

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 04/03/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Mazzone	Kelly	A	0272

Residential Street Address	City	State	Zip Code
13 St Thomas St	Enfield	CT	06082

Principal Occupation	Name of Employer
Teacher	Enfield Public Schools

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 04/03/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Morin	Michael	G	0271

Residential Street Address	City	State	Zip Code
13 Fair St	Enfield	CT	06082

Principal Occupation	Name of Employer
Project Executive	Kyndryl

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 04/03/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Kiner for Senate

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Morin	Sandra	L	0270

Residential Street Address	City	State	Zip Code
13 Fair St	Enfield	CT	06082

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received: 04/03/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
McKeen	Allison	M	0275

Residential Street Address	City	State	Zip Code
14 Black Oak Dr	West Granby	CT	06090

Principal Occupation	Name of Employer
Attorney	McKeen Law, LLC

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received: 04/05/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Donnelly	Derek	E	0278

Residential Street Address	City	State	Zip Code
988 Russell Ave	Suffield	CT	06078

Principal Occupation	Name of Employer
Attorney	Blackburn & Donnelly, LLC

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 04/07/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Neville	Timothy	F	0277

Residential Street Address	City	State	Zip Code
25 Jewel St	Enfield	CT	06082

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #

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

Date Received: 04/07/2026

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Egan	Michael		0276

Residential Street Address	City	State	Zip Code
134 Hall Hill Rd	Somers	CT	06071

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #

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

Date Received: 04/07/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Maxellon	Douglas	C	0292

Residential Street Address	City	State	Zip Code
55 Candlewood Dr	Enfield	CT	06082

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 04/07/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Maxellon	Diane	T	0291

Residential Street Address	City	State	Zip Code
55 Candlewood Dr	Enfield	CT	06082

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 04/07/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Bakowski	Jennifer		0290

Residential Street Address	City	State	Zip Code
2 Jefferson St	Enfield	CT	06082

Principal Occupation	Name of Employer
IT Analyst	MunichRe

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #

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

Date Received: 04/07/2026

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Kiner for Senate

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Calsetta	Rocky		0289

Residential Street Address	City	State	Zip Code
13 Pebblestone Cir	Suffield	CT	06078

Principal Occupation	Name of Employer
Printer	ITW Graphics

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

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

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

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

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
04/07/2026	$20.00	$20.00

Last Name	First	MI	Contribution ID #
Moody	Jeff		0288

Residential Street Address	City	State	Zip Code
15 Franklin Woods Dr	Somers	CT	06071

Principal Occupation	Name of Employer
Municipal employee	City of Hartford

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

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

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

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

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
04/07/2026	$100.00	$100.00

Last Name	First	MI	Contribution ID #
O'Connor	Brian		0287

Residential Street Address	City	State	Zip Code
41 Brighton Dr	East Granby	CT	06026

Principal Occupation	Name of Employer
Photographer	State of Connecticut

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

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

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

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

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
04/07/2026	$75.00	$25.00

Last Name	First	MI	Contribution ID #
Cressotti	Bryan	J	0286

Residential Street Address	City	State	Zip Code
1320 Enfield St	Enfield	CT	06083

Principal Occupation	Name of Employer
Artist	Vinfen 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

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

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
04/07/2026	$25.00	$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Kiner for Senate

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
DeRoma	Cynthia		0285

Residential Street Address	City	State	Zip Code
4 Scully Rd .	Somers	CT	06071

Principal Occupation	Name of Employer
Lecturer	Yale University

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 04/07/2026

Aggregate Contributions: $35.00

Last Name	First	MI	Contribution ID #
Taylor	Jessica		0284

Residential Street Address	City	State	Zip Code
10 Cricket Ln	East Granby	CT	06026

Principal Occupation	Name of Employer
Shop Owner	New England Fleet 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: $50.00

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

If yes, list Event #

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

Date Received: 04/07/2026

Aggregate Contributions: $75.00

Last Name	First	MI	Contribution ID #
Elemen	Justukas	V	0283

Residential Street Address	City	State	Zip Code
6225 Bigelow Cmns	Enfield	CT	06082

Principal Occupation	Name of Employer
Operations Manager	CVS

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 04/07/2026

Aggregate Contributions: $30.00

Last Name	First	MI	Contribution ID #
Schenk	Barbara		0282

Residential Street Address	City	State	Zip Code
97 Lumae St	Springfield	MA	01119

Principal Occupation	Name of Employer
clergy	Foster Memorial Church

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 04/07/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Frenaye	Tom		0281

Residential Street Address	City	State	Zip Code
489 Warnertown Rd	West Suffield	CT	06093

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #

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

Date Received: 04/07/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Carlson	Nick		0280

Residential Street Address	City	State	Zip Code
13 Denison Rd	Somers	CT	06071

Principal Occupation	Name of Employer
Correctional Counselor	State of Connecticut

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 04/07/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Donnelly	Michaela	O	0279

Residential Street Address	City	State	Zip Code
988 Russell Ave	Suffield	CT	06078

Principal Occupation	Name of Employer
Administrator	Blackburn & Donnelly, LLC

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 04/07/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Reed	Jeanne	J	0387

Residential Street Address	City	State	Zip Code
32 Mountain View Rd	Somers	CT	06071

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $20.00

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

If yes, list Event #

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

Date Received: 04/07/2026

Aggregate Contributions: $20.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Kiner for Senate

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Hagist	Janet	C	0386

Residential Street Address	City	State	Zip Code
16 Circle Dr	Enfield	CT	06082

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #

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

Date Received: 04/07/2026

Aggregate Contributions: $75.00

Last Name	First	MI	Contribution ID #
Peabody	Raymond	J	0385

Residential Street Address	City	State	Zip Code
370 Washington Rd	Enfield	CT	06082

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 04/07/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Tippo	Georgianna	M	0384

Residential Street Address	City	State	Zip Code
10 Carriage Dr	Enfield	CT	06082

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #

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

Date Received: 04/07/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Fiore	Deborah		0383

Residential Street Address	City	State	Zip Code
2 Abbewood Dr	Enfield	CT	06082

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #

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

Date Received: 04/07/2026

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Kiner for Senate

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Cotnoir	Julie	A	0382

Residential Street Address	City	State	Zip Code
39 Circle Dr	Enfield	CT	06082

Principal Occupation	Name of Employer
P.R.	ACC

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #:

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

Date Received: 04/07/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Cotnoir	Michael		0381

Residential Street Address	City	State	Zip Code
39 Circle Dr	Enfield	CT	06082

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #:

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

Date Received: 04/07/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Calnen	Gerald		0293

Residential Street Address	City	State	Zip Code
74 Spruceland Rd	Enfield	CT	06082

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #:

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

Date Received: 04/08/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Gaffney	Donald	A	0388

Residential Street Address	City	State	Zip Code
107 The Laurels	Enfield	CT	06082

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #:

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

Date Received: 04/08/2026

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Kiner for Senate

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Hargreaves	Eileen	F	0301

Residential Street Address	City	State	Zip Code
1352 Enfield St	Enfield	CT	06082

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #:

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

Date Received: 04/10/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Caruso	Christopher		0300

Residential Street Address	City	State	Zip Code
208 Beechmont Ave	Bridgeport	CT	06607

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 04/10/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Ellis	Lisa		0299

Residential Street Address	City	State	Zip Code
15 Green Valley Dr	Enfield	CT	06082

Principal Occupation	Name of Employer
Libraruan	Town of Enfield

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

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

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

Amount of Contribution: $20.00

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

If yes, list Event #:

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

Date Received: 04/10/2026

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
Girard	Tammy		0298

Residential Street Address	City	State	Zip Code
18 Edgewood Dr	Enfield	CT	06082

Principal Occupation	Name of Employer
Retirement acct mgr	Empower

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 04/10/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Cekala	Mark		0297

Residential Street Address	City	State	Zip Code
2 Grand View Dr	Enfield	CT	06082

Principal Occupation	Name of Employer
Manager	Tyler Equipment

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received	Aggregate Contributions
04/10/2026	$25.00

Last Name	First	MI	Contribution ID #
Andrews	Lauren		0296

Residential Street Address	City	State	Zip Code
49 Laurel St	Enfield	CT	06082

Principal Occupation	Name of Employer
Sped Admin	Enfield public schools

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received	Aggregate Contributions
04/10/2026	$5.00

Last Name	First	MI	Contribution ID #
Birchall	Russell		0295

Residential Street Address	City	State	Zip Code
14 Farmstead Cir	Enfield	CT	06082

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #

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

Date Received	Aggregate Contributions
04/10/2026	$100.00

Last Name	First	MI	Contribution ID #
Hamre	Joshua		0294

Residential Street Address	City	State	Zip Code
52 New King St	Enfield	CT	06082

Principal Occupation	Name of Employer
Unemployed	N/A

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received	Aggregate Contributions
04/10/2026	$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Kiner for Senate

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Pellegrini	Loretta	M	0302

Residential Street Address	City	State	Zip Code
228 Pease Rd	East Longmeadow	MA	01028

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #:

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

Date Received: 04/12/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Clarke	Howard	M	0390

Residential Street Address	City	State	Zip Code
8 Abbewood Dr	Enfield	CT	06082

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #:

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

Date Received: 04/13/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Clarke	Esta	P	0389

Residential Street Address	City	State	Zip Code
8 Abbewood Dr	Enfield	CT	06082

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #:

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

Date Received: 04/13/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Coxon	Laurence	S	0304

Residential Street Address	City	State	Zip Code
30 Silver Brook Ln	North Granby	CT	06060

Principal Occupation	Name of Employer
Teacher	Granby Public Schools

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 04/13/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Niemitz	Robin	L	0303

Residential Street Address	City	State	Zip Code
1639 King St	Enfield	CT	06082

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received: 04/13/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Harrison-Friday	Adam		0305

Residential Street Address	City	State	Zip Code
34 Glendale Rd	Enfield	CT	06082

Principal Occupation	Name of Employer
Operations Manager	Smash Capital

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 04/14/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Martin	Janice	S	0308

Residential Street Address	City	State	Zip Code
92 Colorado Dr	Somers	CT	06071

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #

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

Date Received: 04/15/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Loftus	Patricia		0307

Residential Street Address	City	State	Zip Code
12 Northwest Dr	Somers	CT	06071

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #

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

Date Received: 04/15/2026

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Horan	Lisa		0306

Residential Street Address	City	State	Zip Code
43 Shady Dell Ln	Somers	CT	06071

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #:

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

Date Received: 04/15/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Annis	Diane	F	0392

Residential Street Address	City	State	Zip Code
3 Abbewood Dr	Enfield	CT	06082

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 04/16/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Linehan	Priscilla	A	0391

Residential Street Address	City	State	Zip Code
4 Knollwood Cir	Enfield	CT	06082

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #:

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

Date Received: 04/16/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Desiderato	David		0315

Residential Street Address	City	State	Zip Code
88 Simsbury Rd	West Granby	CT	06090

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 04/18/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Kiner for Senate

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Raggio	valerie		0314

Residential Street Address	City	State	Zip Code
88 Simsbury Rd	West Granby	CT	06090

Principal Occupation	Name of Employer
Social worker	hartford Health 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: $25.00

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

If yes, list Event #:

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

Date Received: 04/18/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Thomson	Ellen		0313

Residential Street Address	City	State	Zip Code
250 Salmon Brook St	Granby	CT	06035

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 04/18/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Becker	Kim		0312

Residential Street Address	City	State	Zip Code
149 Loomis St	North Granby	CT	06060

Principal Occupation	Name of Employer
Homemaker	Homemaker

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 04/18/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Eastwood	Valerie	J	0311

Residential Street Address	City	State	Zip Code
10 Haven Dr	Granby	NC	06035

Principal Occupation	Name of Employer
General Counsel & CCO	MED-EL USA

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 04/18/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Kiner for Senate

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Costopulos	Nancy		0310

Residential Street Address	City	State	Zip Code
4 Northcrest Dr	North Granby	CT	06060

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 04/18/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Guelzow	Lynn		0309

Residential Street Address	City	State	Zip Code
41 Cooley Rd	North Granby	CT	06060

Principal Occupation	Name of Employer
Unemployed	Unemployed

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #

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

Date Received: 04/18/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Gnatek	Greg	P	0398

Residential Street Address	City	State	Zip Code
28 Middle Rd Unit 1B	Enfield	CT	06082

Principal Occupation	Name of Employer
Custodial Services	Town of Enfield

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received: 04/19/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Gnatek	Amanda	D	0397

Residential Street Address	City	State	Zip Code
28 Middle Rd Unit 1B	Enfield	CT	06082

Principal Occupation	Name of Employer
Teacher	Enfield Public Schools

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received: 04/19/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Kiner for Senate

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Gnatek	Steve		0396

Residential Street Address	City	State	Zip Code
6 Dicardee Dr	Enfield	CT	06082

Principal Occupation	Name of Employer
Office Manager	Nelson Precision Drilling

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 04/19/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Gnatek	Nicole	M	0395

Residential Street Address	City	State	Zip Code
6 Dicardee Dr	Enfield	CT	06082

Principal Occupation	Name of Employer
Secretary	Trinity Health of NE

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 04/19/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Gnatek	Natalie	G	0394

Residential Street Address	City	State	Zip Code
6 Dicardee Dr	Enfield	CT	06082

Principal Occupation	Name of Employer
Student	Student

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 04/19/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Snyder	Mary	E	0393

Residential Street Address	City	State	Zip Code
6 Chatfield Ter	Enfield	CT	06082

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $20.00

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

If yes, list Event #:

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

Date Received: 04/19/2026

Aggregate Contributions: $20.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Kiner for Senate

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Simpson	Lynette		0316

Residential Street Address	City	State	Zip Code
10 Reed Hill Rd	Granby	CT	06035

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 04/19/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Logan	Monica	L	0317

Residential Street Address	City	State	Zip Code
15 Cone Mountain Rd	West Granby	CT	06090

Principal Occupation	Name of Employer
Chief Claims Officer	CapSpecialty Insurance

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 04/20/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Michaels	Bruce	L	0402

Residential Street Address	City	State	Zip Code
10 Mathewson Ave .	Enfield	CT	06082

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #

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

Date Received: 04/21/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Tallarita	Kathleen		0401

Residential Street Address	City	State	Zip Code
1335 Enfield St	Enfield	CT	06082

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received: 04/21/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Tallarita	Patrick		0400

Residential Street Address	City	State	Zip Code
1335 Enfield St	Enfield	CT	06082

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received: 04/21/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Gnatek	Steven	M	0399

Residential Street Address	City	State	Zip Code
6 Dicardee Dr	Enfield	CT	06082

Principal Occupation	Name of Employer
	Town of Enfield

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

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

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

Amount of Contribution: $10.00

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

If yes, list Event #

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

Date Received: 04/21/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Armentano	Nicholas		0320

Residential Street Address	City	State	Zip Code
12 Charnley Rd	Enfield	CT	06082

Principal Occupation	Name of Employer
Unemployed	Unemployed

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #

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

Date Received: 04/22/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Armentano	Kathleen		0319

Residential Street Address	City	State	Zip Code
12 Charnley Rd	Enfield	CT	06082

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #

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

Date Received: 04/22/2026

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Kiner for Senate

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Armentano	Phillip		0318

Residential Street Address	City	State	Zip Code
12 Charnley Rd	Enfield	CT	06082

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #:

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

Date Received: 04/22/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Gutcheon	Adam		0322

Residential Street Address	City	State	Zip Code
19 Mechanic St	Windsor	CT	06095

Principal Occupation	Name of Employer
consultant	Voyager Data 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: $5.00

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

If yes, list Event #:

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

Date Received: 04/24/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Garibay	Jane	M	0321

Residential Street Address	City	State	Zip Code
408 Broad St	Windsor	CT	06095

Principal Occupation	Name of Employer
State Legislator	State of CT

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #:

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

Date Received: 04/24/2026

Aggregate Contributions: $200.00

Last Name	First	MI	Contribution ID #
Carlander	Annkera	J	0404

Residential Street Address	City	State	Zip Code
516 Washington Rd	Enfield	CT	06082

Principal Occupation	Name of Employer
Owner	Pickle Jar Deli

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

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

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

Amount of Contribution: $10.00

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

If yes, list Event #:

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

Date Received: 04/26/2026

Aggregate Contributions: $10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Kiner for Senate

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Carlander	Cameron	D	0403

Residential Street Address	City	State	Zip Code
516 Washington Rd	Enfield	CT	06082

Principal Occupation	Name of Employer
Waiter	Pickle Jar Deli

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

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

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

Amount of Contribution: $10.00

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

If yes, list Event #:

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

Date Received: 04/26/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Becker	Kim		0323

Residential Street Address	City	State	Zip Code
149 Loomis St	North Granby	CT	06060

Principal Occupation	Name of Employer
Homemaker	Homemaker

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #:

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

Date Received: 04/26/2026

Aggregate Contributions: $125.00

Last Name	First	MI	Contribution ID #
LeBorious	RICHARD		0326

Residential Street Address	City	State	Zip Code
16 Church St	Broad Brook	CT	06016

Principal Occupation	Name of Employer
Owner	United Metalworking Industries

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #:

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

Date Received: 04/27/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Miller	Susan	C	0325

Residential Street Address	City	State	Zip Code
130 Palisado Ave	Windsor	CT	06095

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 04/27/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Kiner for Senate

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
SHERRIS	William		0324

Residential Street Address	City	State	Zip Code
22102 N Veterans Dr	Sun City West	AZ	85375

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $340.00

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

If yes, list Event #

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

Date Received: 04/27/2026

Aggregate Contributions: $340.00

Last Name	First	MI	Contribution ID #
Jones	Michael	C	0405

Residential Street Address	City	State	Zip Code
33 Oakwood St	Enfield	CT	06082

Principal Occupation	Name of Employer
Home Care	Self

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received: 04/28/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Libby	Cheryl	A	0408

Residential Street Address	City	State	Zip Code
121 Fox Hill Ln	Enfield	CT	06082

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $10.00

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

If yes, list Event #

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

Date Received: 04/29/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Pillitteri	Francis	C	0407

Residential Street Address	City	State	Zip Code
121 Oldefield Farms	Enfield	CT	06082

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $10.00

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

If yes, list Event #

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

Date Received: 04/29/2026

Aggregate Contributions: $10.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Pillitteri	Betsy	B	0406

Residential Street Address	City	State	Zip Code
121 Oldefield Farms	Enfield	CT	06082

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $10.00

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

If yes, list Event #

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

Date Received: 04/29/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Stoner	Marjorie		0410

Residential Street Address	City	State	Zip Code
16 Hemlock Dr	Enfield	CT	06082

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $10.00

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

If yes, list Event #

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

Date Received: 05/04/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Deni	Celia		0409

Residential Street Address	City	State	Zip Code
119 Green Tree Ln	Somers	CT	06071

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $10.00

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

If yes, list Event #

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

Date Received: 05/04/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Houde	Mary	G	0413

Residential Street Address	City	State	Zip Code
46 Ridge Rd	Enfield	CT	06082

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #

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

Date Received: 05/05/2026

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Houde	Stephen	R	0412

Residential Street Address	City	State	Zip Code
46 Ridge Rd	Enfield	CT	06082

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #

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

Date Received: 05/05/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Jones	Andrea	M	0411

Residential Street Address	City	State	Zip Code
227 S Water St # B9	East Windsor	CT	06088

Principal Occupation	Name of Employer
Sales	Site One

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #

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

Date Received: 05/05/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Buck	Wayne		0329

Residential Street Address	City	State	Zip Code
128 Cottage Rd	Enfield	CT	06082

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $15.00

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

If yes, list Event #

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

Date Received: 05/05/2026

Aggregate Contributions: $15.00

Last Name	First	MI	Contribution ID #
Buck	Anne		0328

Residential Street Address	City	State	Zip Code
128 Cottage Rd	Enfield	CT	06082

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $15.00

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

If yes, list Event #

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

Date Received: 05/05/2026

Aggregate Contributions: $15.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Kiner for Senate

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
McNey	Karen		0327

Residential Street Address	City	State	Zip Code
80 Barn Door Hills Rd	Granby	CT	06035

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 05/05/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Sampl	Robert	J	0415

Residential Street Address	City	State	Zip Code
71 Candlewood Dr .	Enfield	CT	06082

Principal Occupation	Name of Employer
N/A	N/A

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received: 05/07/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Sampl	Maureen	J	0414

Residential Street Address	City	State	Zip Code
71 Candlewood Dr .	Enfield	CT	06082

Principal Occupation	Name of Employer
N/A	N/A

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received: 05/07/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Gates	Lori	A	0330

Residential Street Address	City	State	Zip Code
3 Yale Ct	Enfield	CT	06082

Principal Occupation	Name of Employer
Behavior Technician	Enfield Public Schools/Eagle 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: $20.00

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

If yes, list Event #

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

Date Received: 05/08/2026

Aggregate Contributions: $20.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Kiner for Senate

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Malloy	Mike		0331

Residential Street Address	City	State	Zip Code
149 Spoonville Rd	East Granby	CT	06026

Principal Occupation	Name of Employer
Business Owner	East Granby Motors

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #:

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

Date Received: 05/13/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Johnson	Michael		0334

Residential Street Address	City	State	Zip Code
1418 Boulevard	West Hartford	CT	06119

Principal Occupation	Name of Employer
Lobbyist	Sullivan & LeShane

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #:

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

Date Received: 05/14/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Radin	Greg		0333

Residential Street Address	City	State	Zip Code
29 Great Mdw	Farmington	CT	06032

Principal Occupation	Name of Employer
Water damage contractor	HOUZPITAL

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

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

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

Amount of Contribution: $340.00

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

If yes, list Event #:

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

Date Received: 05/14/2026

Aggregate Contributions: $340.00

Last Name	First	MI	Contribution ID #
Kling	Kristen	C	0332

Residential Street Address	City	State	Zip Code
7 Strathmore Ln	Suffield	CT	06078

Principal Occupation	Name of Employer
Professor	UConn

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

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

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

Amount of Contribution: $40.00

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

If yes, list Event #:

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

Date Received: 05/14/2026

Aggregate Contributions: $40.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Kiner for Senate

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Lesser	Matthew		0335

Residential Street Address	City	State	Zip Code
2 Mazzotta Pl	Middletown	CT	06457

Principal Occupation	Name of Employer
State Senator	State of Connecticut

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #:

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

Date Received	Aggregate Contributions
05/21/2026	$100.00

Last Name	First	MI	Contribution ID #
LEAHY	KRISTIN	L	0341

Residential Street Address	City	State	Zip Code
3C The Hamlet	Enfield	CT	06082

Principal Occupation	Name of Employer
Litigation Paralegal	Claggett, Sykes & Garza, LLC

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #:

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

Date Received	Aggregate Contributions
05/26/2026	$50.00

Last Name	First	MI	Contribution ID #
Hayes	Jason		0340

Residential Street Address	City	State	Zip Code
6 Washington Ridge Rd	East Granby	CT	06026

Principal Occupation	Name of Employer
Wig maker	IATSE local 798

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #:

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

Date Received	Aggregate Contributions
05/26/2026	$100.00

Last Name	First	MI	Contribution ID #
Grimson	Brenna		0339

Residential Street Address	City	State	Zip Code
37 Grant Rd	Enfield	CT	06082

Principal Occupation	Name of Employer
Dance studio Co Director	Riley's school of Dance

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received	Aggregate Contributions
05/26/2026	$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Kiner for Senate

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Falk	Karen	H	0338

Residential Street Address	City	State	Zip Code
53 Neelans Rd .	Enfield	CT	06082

Principal Occupation: Retired

Name of Employer: Retired

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

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

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

Amount of Contribution: $300.00

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

If yes, list Event #

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

Date Received: 05/26/2026

Aggregate Contributions: $300.00

Last Name	First	MI	Contribution ID #
Kulig	Amy	S	0337

Residential Street Address	City	State	Zip Code
46 Olander Dr	Northampton	MA	01060

Principal Occupation: Retired

Name of Employer: Retired

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 05/26/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Deziel	Chelsea		0336

Residential Street Address	City	State	Zip Code
71 Sokol Rd	Somers	CT	06071

Principal Occupation: Continuity Manager

Name of Employer: TEGNA

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #

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

Date Received: 05/26/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Champion	Megan		0343

Residential Street Address	City	State	Zip Code
95 Loubier Dr .	Somers	CT	06071

Principal Occupation: Business Owner

Name of Employer: Mothers Together LLC

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 05/27/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Kiner for Senate

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Islam	Melissa		0342

Residential Street Address	City	State	Zip Code
126 Silver Creek Dr	Suffield	CT	06078

Principal Occupation	Name of Employer
Homemaker	n/a

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #:

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

Date Received: 05/27/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Melita	Gus		0345

Residential Street Address	City	State	Zip Code
1823 Asylum Ave	West Hartford	CT	06117

Principal Occupation	Name of Employer
Government Relations	CT Educ Assn

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 05/29/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Banville	Christal		0344

Residential Street Address	City	State	Zip Code
5 Standish Rd	Ellington	CT	06029

Principal Occupation	Name of Employer
Teacher	South Windsor Public Schools

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 05/29/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Froment	Thomas		0370

Residential Street Address	City	State	Zip Code
631 Springfield Rd	Somers	CT	06071

Principal Occupation	Name of Employer
Property manager	Zoe's LLC

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #:

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

Date Received: 05/31/2026

Aggregate Contributions: $200.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Kiner for Senate

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Hilinski	Kenneth		0369

Residential Street Address	City	State	Zip Code
11 Beverly St	Enfield	CT	06082

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #:

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

Date Received: 05/31/2026

Aggregate Contributions: $75.00

Last Name	First	MI	Contribution ID #
Caron	Mary		0368

Residential Street Address	City	State	Zip Code
601 Taylor Rd	Enfield	CT	06082

Principal Occupation	Name of Employer
Cleaner	Mary Caron

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 05/31/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Nuccio	Carmen		0367

Residential Street Address	City	State	Zip Code
9 Oxford Dr	Enfield	CT	06082

Principal Occupation	Name of Employer
Educator	Enfield Public Schools

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 05/31/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Wilcox	Michele	A	0366

Residential Street Address	City	State	Zip Code
6 Cheryl Dr	Enfield	CT	06082

Principal Occupation	Name of Employer
Teacher	Town of Enfield

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #:

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

Date Received: 05/31/2026

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Kiner for Senate

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Nuccio	Melissa		0365

Residential Street Address	City	State	Zip Code
9 Oxford Dr	Enfield	CT	06082

Principal Occupation	Name of Employer
Teacher	Enfield Public Schools

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 05/31/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Parker	Susan		0364

Residential Street Address	City	State	Zip Code
144 Cottage Rd	Enfield	CT	06082

Principal Occupation	Name of Employer
Machinist	Aero Gear Inc.

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received: 05/31/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Hamre	Joshua		0363

Residential Street Address	City	State	Zip Code
52 New King St	Enfield	CT	06082

Principal Occupation	Name of Employer
Sound engineer	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: $5.00

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

If yes, list Event #

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

Date Received: 05/31/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Walpole	James	T	0362

Residential Street Address	City	State	Zip Code
214 Sisson Rd	Harwich	MA	02645

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #

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

Date Received: 05/31/2026

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Kiner for Senate

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Kilty	Judith		0361

Residential Street Address	City	State	Zip Code
813 Woodgate Cir	Enfield	CT	06082

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #

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

Date Received: 05/31/2026

Aggregate Contributions: $200.00

Last Name	First	MI	Contribution ID #
McKeen	Cathy	A	0360

Residential Street Address	City	State	Zip Code
32 Green Briar Dr	Suffield	CT	06078

Principal Occupation	Name of Employer
Dep Registrar of Voters	Town of Suffield

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received: 05/31/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Edgerton	Sarah		0359

Residential Street Address	City	State	Zip Code
85 N St Fl 1	Manchester	CT	06042

Principal Occupation	Name of Employer
Program Manager	Manchester Early Learning 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: $5.00

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

If yes, list Event #

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

Date Received: 05/31/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
McKeen	Allison	M	0358

Residential Street Address	City	State	Zip Code
14 Black Oak Dr	West Granby	CT	06090

Principal Occupation	Name of Employer
Lawyer	Best Era, LLC

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 05/31/2026

Aggregate Contributions: $30.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Kiner for Senate

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Tetreault	Christina		0357

Residential Street Address	City	State	Zip Code
42 Green Manor Rd	Enfield	CT	06082

Principal Occupation	Name of Employer
Substitute Teacher / Market manager	Kelly Educational Staffing

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 05/31/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Dunne	Diane	W	0356

Residential Street Address	City	State	Zip Code
25 Grant Rd	Enfield	CT	06082

Principal Occupation	Name of Employer
Executive Director	CRIS Radio

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #:

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

Date Received: 05/31/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
CRESSOTTI	MARILYNN	A	0355

Residential Street Address	City	State	Zip Code
1320 Enfield St	Enfield	CT	06083

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #:

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

Date Received: 05/31/2026

Aggregate Contributions: $75.00

Last Name	First	MI	Contribution ID #
Cressotti	Robert		0354

Residential Street Address	City	State	Zip Code
1320 Enfield St .	Enfield	CT	06082

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #:

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

Date Received: 05/31/2026

Aggregate Contributions: $150.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Repass	Janice		0353

Residential Street Address	City	State	Zip Code
32 Sandpiper Rd .	Enfield	CT	06082

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #

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

Date Received	Aggregate Contributions
05/31/2026	$50.00

Last Name	First	MI	Contribution ID #
Spanilo	Deb		0352

Residential Street Address	City	State	Zip Code
32 Deepwood Rd	Enfield	CT	06082

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #

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

Date Received	Aggregate Contributions
05/31/2026	$100.00

Last Name	First	MI	Contribution ID #
Gray	Thomas		0351

Residential Street Address	City	State	Zip Code
PO Box 723	Enfield	CT	06083

Principal Occupation	Name of Employer
pastor	Enfield United Church of Christ

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received	Aggregate Contributions
05/31/2026	$25.00

Last Name	First	MI	Contribution ID #
Knox	Lynne		0350

Residential Street Address	City	State	Zip Code
72 Hilltop Rd	Windsor	CT	06095

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #

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

Date Received	Aggregate Contributions
05/31/2026	$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Kiner for Senate

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Avery	Laurence	J	0349

Residential Street Address	City	State	Zip Code
110 South Rd Apt 69	Enfield	CT	06082

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received: 05/31/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Clark	Jeff		0348

Residential Street Address	City	State	Zip Code
17 Pinewood Rd	East Granby	CT	06026

Principal Occupation	Name of Employer
Program Manager	GovCIO

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received: 05/31/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
moody	Ellen		0347

Residential Street Address	City	State	Zip Code
61 Candlewood Dr	Enfield	CT	06082

Principal Occupation	Name of Employer
medical biller	NECFM

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

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

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

Amount of Contribution: $30.00

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

If yes, list Event #

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

Date Received: 05/31/2026

Aggregate Contributions: $30.00

Last Name	First	MI	Contribution ID #
Thomas	Aaron		0346

Residential Street Address	City	State	Zip Code
1 Terrace Cir	Enfield	CT	06082

Principal Occupation	Name of Employer
Realtor	Gallagher 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: $100.00

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

If yes, list Event #

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

Date Received: 05/31/2026

Aggregate Contributions: $105.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Palmer	Benjamin		0373

Residential Street Address	City	State	Zip Code
5 Ridgewood Dr	Windsor Locks	CT	06096

Principal Occupation	Name of Employer
Student	Duke University

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 06/01/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Fracasso	Susan		0372

Residential Street Address	City	State	Zip Code
50 Enfield St	Enfield	CT	06082

Principal Occupation	Name of Employer
Counselor	State of Connecticut

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #:

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

Date Received: 06/01/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Wassung	David	p	0371

Residential Street Address	City	State	Zip Code
29 Tyler Rd	Enfield	CT	06082

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #:

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

Date Received: 06/01/2026

Aggregate Contributions: $200.00

Last Name	First	MI	Contribution ID #
Dawson	Brian		0374

Residential Street Address	City	State	Zip Code
69 Cooley Rd	North Granby	CT	06060

Principal Occupation	Name of Employer
Lobbyist	Gallo & Robinson

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 06/01/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Kiner for Senate

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Cherpak	Kim	R	0376

Residential Street Address	City	State	Zip Code
234 Taylor Rd	Enfield	CT	06082

Principal Occupation: Registered Nurse

Name of Employer: iCare Healthcare Network

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #

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

Date Received: 06/05/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Green	Rebecca		0375

Residential Street Address	City	State	Zip Code
152 Sheridan Rd	Enfield	CT	06082

Principal Occupation: Registered Nurse

Name of Employer: Trinity Health of New England

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #

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

Date Received: 06/05/2026

Aggregate Contributions: $125.00

Last Name	First	MI	Contribution ID #
Hayes	Wayne		0379

Residential Street Address	City	State	Zip Code
6 Washington Ridge Rd	East Granby	CT	06026

Principal Occupation: Retired

Name of Employer: Retired

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 06/06/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Griffin	Maureen		0378

Residential Street Address	City	State	Zip Code
98 Abbe Rd	Enfield	CT	06082

Principal Occupation: Food service

Name of Employer: Enfield Public Schools

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received: 06/06/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Hayes	Tom		0377

Residential Street Address	City	State	Zip Code
45	Somers	CT	06071

Principal Occupation	Name of Employer
Automotive technician	Rivian

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received: 06/06/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Halloran	John		0380

Residential Street Address	City	State	Zip Code
4 Egypt Rd	Ellington	CT	06029

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 06/18/2026

Aggregate Contributions: $25.00

Total of Section B	**$7,620.00**
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Total on Line 14, Column A of Summary Page)*	**$7,620.00**

I. MONETARY RECEIPTS (Section A-I)

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

C1. Contributions from Other Committees

Name of Committee	Name of Treasurer

Address	Is this contribution associated with an event reported in Section J1? Yes No If yes, list Event #	Amount of Contribution

City	State	Zip Code	Date Received	Aggregate Contributions

Total of Section C1	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Kiner for Senate	July 10 Filing - Original

C2. Reimbursements or Surplus Distributions from other Committees

Name of Committee			Name of Treasurer	
Address			Date Received	Amount of Receipt
City	State	Zip Code	Payment Type Reimbursement for shared expense Surplus distribution from exploratory committee	
Expenditure #	Description			
			Total of Section C2	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Kiner for Senate	July 10 Filing - Original

D. Loans Received this Period

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

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Kiner for Senate	July 10 Filing - Original

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

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

I. Monetary Receipts (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Kiner for Senate	July 10 Filing - Original

G. Interest from Deposits in Authorized Accounts

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

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Kiner for Senate	July 10 Filing - Original

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

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

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Kiner for Senate	July 10 Filing - Original

I. Miscellaneous Monetary Receipts not Considered Contributions

Name	Date of Transaction	Amount Received

Street Address	City	State	Zip Code

Description

Total of Section I	

II. EVENT ACTIVITY (Sections J1 - J4)

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

J1. Event Information

Event # / Date of Event	Letter	Description	Was this a fundraising event?
04/07/2026	A	Meet and Greet Event	[X] Yes [ ] No

Location: Street Address	City	State	Zip Code
504 Hazard Ave Unit 8C	Enfield	CT	06082

Was this event hosted at a personal residence?	[ ] Yes [X] No	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any puchases made by host(s) for food, beverage and invitations.	
Did this fundraiser include items donated by a business entity of up to $200 or items donated by an individual of up to $100?	[ ] Yes [X] No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to $100?	[ ] Yes [X] No	(If yes, enter Total Receipts here.)	$0.00

Total of Section J1	$0.00

II.EVENT ACTIVITY (Sections J1 - J4)

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

J3. In-Kind Donations Not Considered Contributions

Name of the Donor			
Street Address	City	State	Zip Code

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

Total of Section J3	

II.EVENT ACTIVITY (Sections J1 - J4)

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

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

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

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

Total of Section J4	

III. NONMONETARY RECEIPTS (Sections K - L)

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

K. In-Kind Contributions

Name

Street Address | City | State | Zip Code

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

If yes, list Event#

Description of In-Kind Contribution

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

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

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

Fair Market Value of this Contribution

Type of Contributor: Individual / Committee / Sole Proprietorship

Date Received

Aggregate contributions

Total of Section K

III. Non Monetary Receipts (Sections K - L)

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

L. Refundable Deposit to Telephone Company

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

Residential Street Address | City | State | Zip Code | Amount of Deposit

Name of Telephone company

Street Address | City | State | Zip Code

Total of Section L

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kiner for Senate	July 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Costco Wholesale	04/07/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
75 Freshwater Blvd	Enfield	CT	06082

Purpose of Expendit	Description	Amount
FNDR *	food, plates & cutlery	$110.84

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N		04072026A

Name of Payee	Date of Payment	Method of Payment
Costco Wholesale	04/07/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
75 Freshwater Blvd	Enfield	CT	06082

Purpose of Expendit	Description	Amount
FNDR *	sandwich & cheese platters	$179.96

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N		04072026A

Name of Payee	Date of Payment	Method of Payment
Michael Farina	06/19/2026	[X] Check # 1007 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
54 Robert Rd	Manchester	CT	06040

Purpose of Expendit	Description	Amount
POLLS	10 DLC Verification	$250.00

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
[ ] Yes [ ] No If yes, assign an Expenditure # and complete Itemization in Addendum N		

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kiner for Senate	July 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Michael Farina	06/19/2026	[X] Check # 1005 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
54 Robert Rd	Manchester	CT	06040

Purpose of Expendit	Description	Amount
A-SIGN	Lawn Signs	$159.53

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [ ] No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Michael Farina	06/19/2026	[X] Check # 1006 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
54 Robert Rd	Manchester	CT	06040

Purpose of Expendit	Description	Amount
PRNT	Walk Cards	$5,322.82

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [ ] No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Michael Farina	06/19/2026	[X] Check # 1008 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
54 Robert Rd	Manchester	CT	06040

Purpose of Expendit	Description	Amount
CNSLT	Monthly Consulting	$1,000.00

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
Kiner for Senate	July 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Michael Farina	06/19/2026	[X] Check # 1004 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
54 Robert Rd	Manchester	CT	06040

Purpose of Expendit	Description	Amount
CNSLT	Monthly Consulting	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [ ] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$1,000.00

Name of Payee	Date of Payment	Method of Payment
Minuteman Press	06/25/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
1 Anngina Dr .	Enfield	CT	06082

Purpose of Expendit	Description	Amount
A-OTH	Campaign T-Shirts	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [ ] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$729.12

Name of Payee	Date of Payment	Method of Payment
Amazon	06/30/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
410 Terry Ave N .	Seattle	WA	98109

Purpose of Expendit	Description	Amount
OFFICE	Printer Ink	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [ ] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$52.10

Total of Section N	**$8,804.37**

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
	July 10 Filing - Original

O. Expenses Paid By Candidate

Name of Payee (Name of vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed? Yes No
Street Address	City	State	Zip Code		**Amount**
Purpose of Expenditure (by code)	Description			Event #	

Total of Section O

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kiner for Senate	July 10 Filing - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution	Type of Credit Card: Visa Master Card Discover American Express Other

Name of Vendor			Date of Transaction
Street Address	City	State	Zip Code
Purpose of Expenditure (by code)	Description		Amount

Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No If yes, assign an Expenditure # and complete Itemization in Addendum P	Expenditure # (if applicable)	Event #

Total of Section P

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kiner for Senate	July 10 Filing - Original

Q. Expenses Incurred By Committee but Not Paid During this Period

Name of Creditor			Date Incurred
Michael Farina			05/27/2026
Street Address	**City**	**State**	**Zip Code**
54 Robert Rd	Manchester	CT	06040

Purpose of Expenditure (by code)	Description	Amount Incurred (Estimate or Actual)
WEB	Web design	$750.00

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and completes Itemization in Addendum Q		

Total of Section Q	**$750.00**

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kiner for Senate	July 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N: Check # / Debit Card / EFT

Name of Vendor Paid by Committee Worker/Consultant			

Street Address of Vendor	City	State	Zip Code

Purpose of Expenditure (by code)	Description

Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes / No. If yes, assign an Expenditure # and completes Itemization in Addendum R	Expenditure # (if applicable)	Event #	Amount

Total of Section R	

IV. EXPENDITURES (Sectuibs N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kiner for Senate	July 10 Filing - Original

S. Surplus Distribution of Equipment and Furniture

Name of Recipient				

Street Address	City	State	Zip Code	Original Purchase Amount of Item

Description of Item	

Total of Section S	

Section J4. ADDENDUM	
NAME OF COMMITTEE	TYPE OF REPORT
J4. In - Kind Donations Not Considered Contribution Associated with a House Party - Addendum	
Event #	
Name of Candidate	

Section N. ADDENDUM	
NAME OF COMMITTEE	TYPE OF REPORT
N. Expenses Paid By Committee - Addendum	
Expenditure #	**Amount of Expenditure**
Name of Candidate	Office Sought

Section P. ADDENDUM	
NAME OF COMMITTEE	TYPE OF REPORT
P. Expenses Incurred on Committee Credit Card - Addendum	
Expenditure #	**Amount of Expenditure**
Name of Candidate	Office Sought

Section Q. ADDENDUM	
NAME OF COMMITTEE	TYPE OF REPORT

Q. Expenses Incurred by Committee but Not Paid During this Period - Addendum	
Expenditure #	**Amount of Expenditure**

Name of Candidate	Office Sought

Section R. ADDENDUM	
NAME OF COMMITTEE	TYPE OF REPORT

R. Itemization of Reimbursements and Secondary Payees - Addendum	
Expenditure #	**Amount of Expenditure**

Name of Candidate	Office Sought